1 **Saskatchewan's Early Learning and Child Care Program Quality Key Indicator Instrument**
2 **(SKECPQI)**

3 **The Saskatchewan Program Quality Work Group[1]**

4 **October 2020 (revised January 2023)**

5

6

7 **INTRODUCTION and BACKGROUND to SKECPQI**

8 Ten Quality Key Indicators (QKI) make up the Saskatchewan's Early Learning and Child Care Program

9 Quality Key Indicator Instrument (SKECPQI). The details about each of the Quality Indicators and data

10 collection instructions in order to obtain the necessary data to determine if a program meets the Key

11 Quality Indicators are delineated below for each quality key indicator. Part 1 - Quality Key Indicators

12 (QKI) 1 – 5 will be collected via record or document review, interviewing individuals, or observation.

13 Part 2 - Quality Key Indicators (QKI) 6 – 10 will be collected via observations in the classrooms

14 throughout the assessment.

15 These ten quality key indicators were taken from previous studies conducted over the past 40 years by

16 Dr Richard Fiene utilizing the Regulatory Compliance Key Indicator metric (RCKIm) that he developed in

17 the late 1970's. These QKI have held up over time and have now been coupled together into this tool

18 and being pilot tested in the Province of Saskatchewan. The original tool was reviewed by a Provincial

19 Ministry of Education Work Group who met during 2019-2020 and made some revisions to the original

20 tool. All these changes are reflected in this version of the SKECPQI.

21 _____

22 1) <u>Saskatchewan Program Quality Work Group:</u> Kim Taylor, Derek Pardy, Cindy Jeanes, Tanya Mengel, Samantha Ecarnot, Karen
23 Heinrichs, Michelle Vellenoweth, Kristin Jarvis, and Rick Fiene.

24 2) The initial estimated time to complete the assessment is three and a half hours (3.5 hrs)].

25

26

PART 1 – Record/Document Review, Interview, Observation Quality Indicators

28

INDICATOR 1): Number of ECE III Educators (10 minutes)

Assessors will review staff records in order to determine the number of staff who have these credentials

in early childhood education.   Record the number of ECEs with the appropriate qualifications and

divide them by the total number of ECEs in order to come up with a percent for the center.

How to Measure:

Go to the *Staff Information Summary* form to obtain the data for this item. There are two particular

columns that will do this. Under Certification: *Certification Date and Certification Level* (Highest ECE

Level Certified). The certification date should be earlier than the date of the review and the actual level

of the certification. In this case, we are interested in the number of (ECEIII's). Record the number of

ECEIII working at least 65 hours/month. Then record the number of total teaching staff working at least

65 hours/month below as well. Teaching staff is defined as staff who have a responsibility for working

with the children and the programming. Determine the percentage by dividing the total number of staff

into the total number of ECEIII Certified teaching staff, ECEIII Certified teaching staff is the numerator,

and the total number of teaching staff is the denominator (ECEIII/Total number of teaching staff x 100%

= Percent).

Scoring:

The total number of ECEIII Certified teaching staff _____

The total number of teaching staff _____

47   Total ECEIII teaching staff divided by the total number of teaching staff _____ (%).

48   Then based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	1 = 0 to 25%	2= 26 to 50%	3 = 51 to 75%	4 = 76 to 100%

49

50

51 **INDICATOR 2): Stimulating and Dynamic Environment (10 minutes)**

52 The criteria for measuring this are drawn from *Play and Exploration Guide.* The program is child

53 centered. Children are viewed as competent learners, and they have the freedom to access classroom

54 materials independently without adult intervention. The children are provided with meaningful choices

55 through activity/learning centers. There is evidence of the children's interests and their projects in the

56 learning environment.

57 **How to Measure:**

58 Below is the checklist of items that should be present in order to assess if the environment is both

59 stimulating and dynamic for the children. You will want to observe that the following items are

60 occurring in the classroom first. If you do not actually observe it occurring, then check the program plan

61 to find documentation that it normally occurs but you just did not observe today. The checklist items

62 would be found in *Play and Exploration* foundational materials.

63 Quality Early Learning Environments:

64   1. Co-teaching is evident. Y/N _____

65   2. Children are viewed as competent learners & can access materials independently. Y/N __

66   3.   Authentic and meaningful materials are used with children. Y/N _____

67   4. Children are provided with meaningful choices. Y/N _____

68   5. Children's work, art and photos are displayed respectfully. Y/N _____

69   6. Family photos are displayed in the early learning program. Y/N _____

70   7. Documentation of learning is displayed and discusses holistic development. Y/N _____

71   8. Environment reflects the culture and beliefs of the children, families and staff. Y/N _____

72 9. Variety of books & other print materials are available throughout the learning environment Y/N

73 10. A variety of writing materials are accessible to children most of the time. Y/N _____

74 11. There is evidence of the children's interests and project(s) in the learning environment. Y/N ____

75 **Scoring:**

76 Total up the number of items where you recorded a "Y" above that you observed (curriculum or in

77 classrooms), divide by 11 x 100% to come up with a percent and record here _____ %. Then

78 based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	1 = 0 to 25%	2= 26 to 50%	3 = 51 to 75%	4 = 76 to 100%

79

80

81 **INDICATOR 3): Developmentally Appropriate Curriculum Based on Assessments of Each Child**

82 **(50-60 minutes)**

83 The key for this quality key indicator is that the program is following an individualized prescribed

84 planning document when it comes to curriculum. It does not mean it is a canned program, in fact, it

85 shouldn't if it is based upon the individual needs of each child's developmental assessment. The

86 assessor will ask to see what is used to guide the curriculum. There should be a written document that

87 clearly delineates the parameters of the philosophy, activities, guidance, and resources needed for the

88 particular curricular approach. There should also be a developmental assessment which is clearly tied to

89 the curriculum. The developmental assessment can be home-grown or a more standardized off-the-

90 shelf type of assessment, the key being its ability to inform the various aspects of the curriculum. The

91 purpose of the assessments is not to compare children but rather to compare the developmental

92 progress of individual children as they experience the activities of the curriculum.

93 The following key elements should be present when assessing this quality indicator.

94 • 1) The program practices emergent curriculum, allowing the interests of the children to

95 determine the learning content. The curriculum is informed by individual developmental

96 assessments of each child in the respective classrooms.

97 • 2) The children and educators are co-learners in the exploration of projects.

98 • 3) Learning activities of the children are documented, displayed in the learning environment and

99 used to plan further learning activities. This can be assessed developmentally.

100

101 **How to Measure:**

102 Take a sample of 10 individual children's records and consider the above three elements for EACH

103 record. You should be asking if there is a clear link between an assessment and the developmentally

104 appropriate curriculum so that an individualized learning approach is being undertaken and each child's

105 developmental needs are taken into consideration. These records could be formal, such as portfolios

106 kept for each child or a more informal, anecdotal type of record keeping. The key is that there is a

107 record that can be looked at. It is not adequate if the teacher says they do it from memory – it needs to

108 be written down and documented.

109 Cross check the child's record to the actual curriculum. Record all the instances (Y's) in which this

110 occurs. All three blocks need to be checked for each record (1-10).

111 **Emergent Curriculum is Practiced**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

112   **Key Element 1 +**

113 **Children and Educators are Co-learners**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

114   **Key Element 2 +**

115 **Learning Activities are Documented and Displayed and Used to Plan Future Learning**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

116   **Key Element 3 +**

117 All three key elements must have a Y to get an overall score of Y. If all three key elements have a Y for

118 that individual record, then record Y in the corresponding block in the overall score.

1 Ys =	2 Ys =	3 Ys =	4 Ys =	5 Ys =	6 Ys =	7 Ys =	8 Ys =	9 Ys =	10 Ys =

119 **= Total of All Three Key Elements**

120 **Scoring:**

121 The number of positive records (all Ys for all three elements) where there is a crosswalk from

122 developmental assessment to curriculum _____

123 Percent of positive records (all Ys) (divide the number of positive records by 10 x 100%) _____ %.

124 Then based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

125

126

INDICATOR 4): Opportunities for Staff and Families to Get to Know Each Other (10 minutes)

128 There should be activities both within the center as well as off site where staff and parents have

129 opportunities to meet and greet each other.   Communication with family members is documented and

130 enables early childhood providers to assess the need for follow-up.   Early childhood providers hold

131 regular office hours when they are available to talk with family members either in person or by phone.

132 Family members are encouraged to lead the conversation and to raise any questions or concerns.

133 **How to Measure:**

134 Look for the following 3 examples in policies developed by the program and determine if they have been

135 carried out with families. It will be necessary to interview staff to complete this indicator if you do not

136 find the three examples in policies:

137   1. The program provides communication, education, and informational materials and

138   opportunities for families that are delivered in a way that meets their diverse needs.   Y/N_____

139   2. The program communicates with families using different modes of communication, and at least

140   one mode promotes two-way communication. Y/N _____

141   3. The program demonstrates respect and engages in ongoing two-way communication. The

142   program respects each family's strengths, choices, and goals for their children. Y/N ___

143 **Scoring:**

144 Record the number of Yes's (Y's): _____ (Range: 0 – 3) (Divide by 3 x 100% = _____%). Then based on

145 the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

146

147

148

149 **INDICATOR 5): Families Receive Information on Their Child's Progress Regularly Using a**

150 **Formal Mechanism (Report or Parent Conference) (10 minutes)**

151 Based upon Indicator #3 above, the information gleaned from the developmental assessments should

152 be the focus of the report or parent conference. Parental feedback about the assessment and how it

153 compares to their experiences at home would be an excellent comparison point. All these interactions

154 should be done in a culturally and linguistically appropriate way representing the parents being served.

155 **How to Measure:**

156 Look for the following four examples in policies developed by the program and determine if they have

157 been carried out with families. Record the number of reports completed or parent conferences over the

158 past year. It will be necessary to interview staff to complete this indicator if you cannot determine from

159 records that the conferences or reports were completed.

160 NOTE: The examples are mutually exclusive and are not additive; the first example is the highest scored,

161 the third example the least scored. After 1-3 are determined, then do the last example.

162 • 1) The program does have regularly scheduled (at least 2xs/year) parent conferences in which

163 the children's developmental progress is discussed AND provides the family with a report of

164 their child's developmental progress. Y/N _____ (Score 3 points). If "Yes" then go to Number 4.

165 If "No", then go to numbers 2 and 3.

166   •   2) The program has regularly scheduled (at least 2xs/year) parent conferences in which the

167   children's developmental progress is discussed, but it does not provide a report to the parents

168   on their child's developmental progress. Y/N _____ (Score 2 points).

169   •   3) If the program does not have regularly scheduled (at least 2xs/year) parent conferences, does

170   it provide the family with a report of their child's developmental progress. Y/N _____ (Score 1

171   point). Go to Number 4.

172   •   4) All these interactions are done in a culturally and linguistically appropriate way representing

173   the parents being served. Y/N _____ (Score 1 point)

174 **Scoring:**

175 Add up the total points based on the Ys; this will range from "0" to "4". The only way a program can

176 receive a "4", is if a program has regularly scheduled parent conferences at least 2xs/year and provides

177 the family with a report of their child's progress; and it is done in a culturally and linguistically

178 appropriate way.

179 Record the number of points: _____ (Range: 0 - 4)

180

181

182 **PART 2 - OBSERVATIONS:**

183 *For quality key indicators 6, 7 and 8, it is recommended that the licensing consultant refer to the*

184 *appropriate Environmental Rating Scale (ERS) tool as a reference tool because these indicators are taken*

185 *directly from these tools. It is also recommended that these be assessed/observed throughout the*

186 *assessment and not just during key activity times. Please follow the specific instructions and examples as*

187 *delineated below and in the appropriate ERS tool: ECERS 3 (Items 12 and 13) or ITERS (Item 12). These*

188 *specific instructions and examples are provided within this tool for ease of administration and data*

189 *collection. If there are several preschool aged classrooms randomly select one to do your observations.*

190

191 **INDICATOR 6): Educators Encourage Children to Communicate (20 minutes)**

192 Assessors will need to observe this item when they do their classroom observations. Initially you can ask

193 educators or the director how children are encouraged to communicate but in order to gather reliable

194 and valid information regarding this question/standard, it needs to be observed in the various

195 interactions between staff and children. Things to look for would be more back and forth conversations

196 rather than one-way conversations where educators are telling children what to do. Look for

197 opportunities where children can describe what they are doing, how they feel about what they are

198 doing, and why they are doing particular activities. Educators expand upon children's conversations.

199 These opportunities can occur anywhere in the classroom or outside, such as in dramatic play, tabletop

200 activities or on the playground. Materials should be present that encourage communication such as toy

201 telephones, puppets, flannel boards, dolls and dramatic play props, small barns, fire stations, or

202 dollhouses. These create a lot of conversation among children as they assume many different roles.

203   Children also talk when there is an interested person who listens to them. The staff in a high-quality

204   early childhood classroom will use both activities and materials to encourage growth in communication

205   skills.

206   **How to Measure:**

207   Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

208   falls based on the following scale;

209   Score the classroom a 1 if the following occur:

210   • No activities used by staff with children to encourage them to communicate, for example:

211   nontalking about drawings, dictating stories, sharing ideas at circle time, finger plays, singing

212   songs. Y/N _____

213   • Very few materials accessible that encourage children to communicate. Y/N _____

214   Score the classroom a 2 if the following occur (If the classroom does not have all 3 indicators but has 1-2

215   of the indicators then score this item 1+):

216   • Some activities are used by staff with children to encourage them to communicate. Y/N _____

217   • Some materials are accessible to encourage children to communicate. Y/N _____

218   • Communication activities are generally appropriate for the children in the group. Y/N _____

219   Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has

220   one of the indicators then score this item 2+):

221   • Communication activities take place during both free play and group times, for example: child

222   dictates story about painting; small group discusses trip to store. Y/N _____

223   • Materials that encourage children to communicate are accessible in a variety of interest centers,

224   for example: small figures and animals in block area; puppets and flannel board pieces in book

225   area; toys for dramatic play outdoors or indoors. Y/N _____

226 Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has

227 one of the indicators then score this item 3+):

228 • Staff balance listening and talking appropriately for age and abilities of children during

229   communication activities, for example: leave time for children to respond; verbalize for child

230   with limited communication skills. Y/N _____

231 • Staff link children's spoken communication with written language, for example: write down

232   what children dictate and read it back to them; help them write notes to parents. Y/N _____

233 **Scoring:**

234 *Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a*

235 *particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit*

236 *given in order to obtain a "+". If there is a "+" please also mark it in the box.*

Circle the Appropriate Level	1	2	3	4

237

238

239 <mark>**INDICATOR 7): Infant Toddler Observation** (if applicable) **(20 minutes)**</mark>

240 *NOTE: If there is an infant, toddler or combined infant/toddler classroom that needs to be assessed, then*

241 *use the following ITERS item directly from the ITERS Tool (Item 12), if there is not an infant toddler*

242 *classroom, then skip to Indicator 8.*

243

244 Conversations and questions should be used with all children, even young infants. Conversations using

245 verbal and nonverbal turn-taking should be considered when scoring. Most conversations and

246 questions initiated by infants will be nonverbal, such as widening of baby's eyes or waving arms and

247 legs. Observe staff response to such nonverbal communication. For infants and toddlers, the

248 responsibility for starting most conversations and asking questions belongs to the staff. As children

249 become more able to initiate communication, staff should modify their approach in order to allow

250 children to take on a greater role in initiating conversations and asking questions. Staff should provide

251 answers to questions used by children if children cannot answer, and as children become more able to

252 respond, questions should start to include those that the child can answer. If there was not an infant

253 classroom, skip this Indicator and please note that here and on the summary score sheet by marking

254 N/A: _____

255 **How to Measure:**

256 Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

257 falls based on the following scale;

258 Score the classroom a 1 if the following occurs:

259 • Staff never initiate turn-taking conversations with children, for example: rarely encourage baby

260 to babble back; simple back and forth exchanges with verbal children never observed. Y/N

261 _____

262   • Staff questions are often not appropriate for children, or no questions are asked, for example:

263   too difficult to answer; carry a negative message. Y/N _____

264   • Staff respond negatively when children can't answer questions, for example: "You should know

265   this"; "You did not listen". Y/N _____

266   Score the classroom a 2 if the following occurs (If the classroom does not have all 3 indicators but has 1-

267   2 of the indicators then score this item 1+):

268   • Staff sometimes initiate conversations with children, for example: babble back and forth with

269   baby; copy baby's sounds; respond to baby's crying with verbal response; have short back and

270   forth toddler interactions. Y/N _____

271   • Staff sometimes ask children appropriate questions and wait for the child to respond, for

272   example: ask baby if she likes toy and pay attention as baby smiles; ask toddler what he is eating

273   and wait for him to think of word. Y/N _____

274   • Staff respond neutrally or positively to children who can't answer questions. Questions asked

275   are sometimes meaningful to children, for example: child responds with interest; does not

276   ignore staff questions. Y/N _____

277   Score the classroom a 3 if the following occurs (If the classroom does not have all 4 indicators but has 1-

278   3 of the indicators then score this item 2+):

279   • Staff initiate engaging conversations with children throughout the observation, for example:

280   show enthusiasm; use tone that attracts child's attention. Y/N _____

281   • Staff often personalize questions and/or conversations for individual children, for example: talk

282   about children's families, preferences, interests; what they are playing with; what they did over

283   weekend; child's mood; use child's name. Y/N _____

284   • Staff often pay attention to children's questions, verbal or nonverbal, and answer in a satisfying

285   manner for the child. Y/N _____

286   •   Staff ask questions in which children show interest in answering, for example: make the

287   questions funny or mysterious; use attractive tone; meaningful and not too difficult to answer.

288   Y/N _____

289 Score the classroom a 4 if the following occurs (If the classroom does not have both indicators but has

290 one of the indicators then score this item 3+):

291   •   Staff frequently have turn taking conversations with children throughout the observations.

292   Many appropriate questions are used throughout the observation, during both play and

293   routines. Y/N _____

294   •   Staff ask children appropriate questions, wait a reasonable time for child response, and then

295   answer if needed, for example: "Are you hungry? . . . Yes, you are!"; "Where's the ball? . . .

296   These it is! You found the ball". Y/N _____

297

298 **Scoring:**

299 *Total up the number of "Y's" and record the appropriate level. For a classroom to receive a particular*

300 *score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit given in*

301 *order to obtain a "+".*

Circle the Appropriate Level	*1*	*2*	*3*	*4*

302

303

INDICATOR 8): Educators Use Language to Develop Reasoning Skills (20 minutes)

305 Assessors will need to observe very carefully as this standard can be difficult to determine because it is

306 tying language and cognition together. Again, this opportunity can occur in any setting in or out of the

307 classroom because it is the basis for problem solving through the use of language. Also look for

308 educators redirecting children's conversations when appropriate. Staff should use language to talk

309 about logical relationships using materials that stimulate reasoning. Through the use of materials, staff

310 can demonstrate concepts such as same/different, classifying, sequencing, one-to-one correspondence,

311 spatial relationships, and cause and effect.

312 **How to Measure:**

313 Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

314 falls based on the following scale;

315 Score the classroom a 1 if the following occur:

316 • Staff do not talk with children about logical relationships, for example: ignore children's

317   questions and curiosity about why things happen, do not call attention to sequence of daily

318   events, differences and similarity in number, size, shape, cause and effect. Y/N _____

319 • Concepts are introduced inappropriately, for example: concepts too difficult for age and abilities

320   of children, inappropriate teaching methods used such as worksheets without any concrete

321   experiences; teacher gives answers without helping children to figure things out. Y/N _____

322 Score the classroom a 2 if the following occur (If the classroom does not have both indicators but has

323 one of the indicators then score this item 1+):

324 • Staff sometimes talk about logical relationships or concepts, for example: explain that outside

325   time comes after snacks, point out differences in sizes of blocks children use. Y/N _____

326   •   Some concepts are introduced appropriately for ages and abilities of children in group, using

327   words and experiences, for example: guide children with questions and words to sort big and

328   little blocks or to figure out why ice melts. Y/N _____

329 Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has

330 one of the indicators then score this item 2+):

331   •   Staff talk about logical relationships while children play with materials that stimulate reasoning,

332   for example: sequence cards, same/different games, size and shape toys, sorting games,

333   numbers and math games. Y/N _____

334   •   Children are encouraged to talk through or explain their reasoning when solving problems, for

335   example: why they sorted objects into different groups, in what way two pictures are the same

336   or different. Y/N _____

337 Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has

338 one of the indicators then score this item 3+):

339   •   Staff encourage children to reason throughout the day, using actual events and experiences as a

340   basis for concept development, for example: children learn sequence by talking about their

341   experiences in the daily routine or recalling the sequence of a cooking project. Y/N _____

342   •   Concepts are introduced based upon children's interests or needs to solve problems, for

343   example: talk children through balancing a tall block building, help children figure out how many

344   spoons are needed to set a table. Y/N _____

345

346

347 **Scoring:**

348 *Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a*

349 *particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit*

350 *given in order to obtain a "+".*

Circle the Appropriate Level	*1*	*2*	*3*	*4*

351

352

353 *For quality key indicators 9 and 10 it is recommended that these be assessed/observed throughout the*

354 *observation period and not just during key activity times. These two quality key indicators should be*

355 *observed in two-minute blocks over ten sequences for a total of 20 minutes. These two items should also*

356 *be used with each age group you are assessing.*

357 *Initially it will be necessary to observe these two quality indicators separately, but they could be*

358 *observed and recorded jointly once you are familiar with the tool and have done sufficient observations.*

359

360

361 **INDICATOR 9): Educators Listen Attentively When Children Speak (25 minutes)**

362 This quality indicator focuses on the early childhood educator(s) looking directly at the children with

363 nods, rephrases their comments, engages in conversations. Children should have the undivided

364 attention of the specific educator they are addressing. Educators should not be looking away or pre-

365 occupied with others. They should be at the child's level making eye contact. The intent is to observe all

366 children and educators in the room.

367 **How to Measure:**

368 Do this in timed 2-minute observations recording each time you observe this occurring. Record at least

369 10 different observation periods. These do not need to be consecutive in order to fully observe

370 classrooms and educators. Please use the following scale to assess your recordings: Likert Scale (1-4)

371 where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many Instances; 4 = Very

372 Much/Consistently):

373 Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record

374 in each cell below.

375 **Scoring:**

376 Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total

377 number here: _____ (Range: 10 - 40)(Divide this result by 10) = _____ (1-

378 4)(Round upward or downward to the whole number (3.7 = 4; 2.2 = 2)).

Circle the Appropriate Level	*1*	*2*	*3*	*4*

379

380

381 **INDICATOR 10): Educators Speak Warmly to Children (25 minutes)**

382 This quality indicator focuses on the early childhood educator(s) always engaging in a caring voice and

383 body language with every child. Educators do not use harsh language or commands in speaking to

384 children, but rather again are on the child's level making eye contact. Think of the way Fred Rogers

385 would engage his audience where you always felt you were the most important person in the world

386 when he talked to the TV.

387 **How to Measure:**

388 Do this in timed 2-minute observations recording each time you observe this occurring. Record at least

389 10 different observation periods. Please use the following scale to make your recordings: (This item is on

390 a Likert Scale (1-4) where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many

391 Instances; 4 = Very Much/Consistently):

392 Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record

393 in each cell below.

394

395

396 **Scoring:**

397 Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total

398 number here: _____ (Range: 10 - 40) (Divide this result by 10) = _____ (1-4).

399 (Round upward or downward to the whole number (3.7 = 4; 2.2 = 2)).

Circle the Appropriate Level	*1*	*2*	*3*	*4*

400

401

402 *INDICATOR 11): Reflective Supervision Placeholder TBD. The Work Group had a great deal of*

403 *discussion regarding this Quality Indicator and could not come to an agreeable format for this QI, so*

404 *for the purposes of the initial pilot testing, the Coaching/Reflective Supervision Quality Indicator is not*

405 *included. However, this is acknowledged as an important quality indicator and will be addressed in*

406 *future versions of this tool.*

407

408

409

410 **Notes (record any notations for indicators here by noting the number of the quality indicator and any**

411 **notes or comments)(attach any additional pages as needed):**

412 _____

413 _____

414 _____

415 _____

416 _____

417 _____

418 _____

419 _____

420 _____

421 _____

422 _____

423 _____

424 _____

425 _____

426 _____

427 _____

428 _____

429 _____

430 _____

431

432 After completing your observations, reviewing all documentation, and interviewing staff, when

433 necessary, please transfer all your results to the Summary Table below. If there was not an infant

434 classroom, please note here, no infant classroom: _____. If there was not a toddler classroom, please

435 note here, no toddler classroom: _____. If there was not a preschool classroom, please note here, no

436 preschool classroom: _____.

437

Key Q Indicator	Quality Indicator Content	Scale Source	Potential Score	Actual Score
QKI 1	Professional Development	NAEYC	1-4	
QKI 2	The Environment	Saskatchewan	1-4	
QKI 3	Curriculum and Assessment	NAEYC	1-4	
QKI 4	Family Engagement I	QRIS	1-4	
QKI 5	Family Engagement II	QRIS	1-4	
QKI 6	Communication	ECERS	1-4 or NA	
QKI 7	Infant Classroom	ITERS	1-4 or NA	
QKI 8	Reasoning Skills	ECERS	1-4 or NA	
QKI 9	Listen Attentively	CIS	1-4	
QKI 10	Speak Warmly	CIS	1-4	

438

439 **Notes:**

440 Use ITERS if: (Infants)(B-1yr)

441 Use ITERS if: (Toddlers) (1yr-2yr)

442 Use ECERS if: (Preschoolers) (3yr+)

443 SKECPQI/Infant (administer QKI items 1-5, 7, 9-10) (Scores 8-32)

444 SKECPQI/Toddler or Preschool (administer QKI items 1-5, 7, 9-10) (Scores 8-32) or (administer QKI items 1-6, 8-10)
445 (Scores 9-36). Mixed age group (administer QKI items 1-10) (Scores 10-40)

446 SKECPQI/Preschool (administer QKI items 1-6, 8-10) (Scores 9-36)

447

448

449   All the above 10 quality indicators (SKECPQI) have been taken from other sources having been identified in

450   Quality Indicator Studies conducted by Dr Richard Fiene from 1980 – 2020. Please refer to the source

451   documents for details on their creation: *ECERS, ITERS, QRIS/INQUIRE, CIS/Arnett, NAEYC, SASKATCHEWAN*

452   *PLAY & EXPLORATION.* For additional information, reports, and publications related to these studies, please go

453   to https://www.naralicensing.org/key-indicators

454   Or https://rikinstitute.com/publications/

455

456   *Note:*

457   **Members of the Original Saskatchewan Program Quality Work Group are the following:**

458   **Ministry of Education: Kim Taylor, Derek Pardy, Cindy Jeanes, Tanya Mengel, Samantha Ecarnot,**

459   **Karen Heinrichs, Michelle Vellenoweth, Kristin Jarvis, and NARA Consultant: Rick Fiene.**

460

461   ---

462   **Additional Information contact: Derek Pardy, Government of Saskatchewan, Senior Policy Analyst, Early Years,**

463   **Ministry of Education, 2-2220 College Ave, Regina, SK, Canada S4P 4V9.**

464   **Additional Information regarding the psychometrics of the tool contact: Richard Fiene, Ph.D., Research**

465   **Psychologist, Research Institute for Key Indicators & Penn State University. RFiene@RIKInstitute.com or**

466   **RFiene@NARALicensing.org**

467   **10/2020; 4/2021; 1/2023 revisions**

468   **SKECPQI10**

469

470

471

472

473   **Notes from Dr Fiene to the Assessors/Data Collectors:**

474   It is very important with this pilot testing that you provide me with your candid observations, what worked

475   for you, what did not. Please provide these in the notes section at the end of the tool and if necessary,

476   within the tool narrative as well.   Please reference the line numbers (left hand side of the tool) so that it will

477   be easy for us to track your comments.

478

479   Record your observations onto the tool but do not worry about scoring the individual items in trying to

480   determine the 1-4 scale. These are the sections that are in **red** type. I will do that once I get the tool back

481   from you. Since this is the first pilot testing of the tool, the 1-4 scaling will need to be assessed if this is the

482   best scale sequence. I will need to run the results through various testing protocols. So, in the data transfer

483   part of the study, pdfs will be made of the tool results and sent to me in total.

484

485   However, with that said, if you want to just look over the scoring instructions and provide feedback to me

486   regarding its clarity or lack thereof, that would be great also.

487

488   Thank you,

489   Rick

490   Richard Fiene, Ph.D., Research Study Principal Investigator, SKECPQI Project

491   --

492   **For additional background, attached (Appendix) is the Final Report which contains the Risk**

493   **Assessment Rules, Licensing Key Indicator Rules, the validation studies for differential monitoring, and**

494   **preparation for this SKECPQI Research Study.**

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APPENDIX

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Saskatchewan Differential Monitoring, Key Indicator and Risk Assessment Pilot Study

Richard Fiene, Ph.D.

National Association for Regulatory Administration (NARA)

June 2021

This report will provide the results of a pilot study to determine the validity and efficacy of Saskatchewan's Differential Monitoring, Key Indicator, and Risk Assessment Regulatory Compliance/Licensing System. This is the most comprehensive validation study to date which incorporates key indicators and risk assessment in tandem within a differential monitoring approach. Other validation studies have validated key indicators or risk assessment but in separate studies. Also, this validation study incorporates eligibility criteria as well as random rules in order to fully implement Saskatchewan's Differential Monitoring system.

The Province of Saskatchewan's Ministry of Education followed the full development of a differential monitoring approach by instituting a comprehensive review of their rules and standards for child care centres and homes. They then developed and instituted a key indicator tool, followed by a risk assessment set of rules. Once these were developed a series of eligibility criteria were designed to determine which programs were eligible for abbreviated reviews. Focus groups and training occurred to fully explain and obtain feedback related to the new differential monitoring approach. Based upon these criteria, a Policies and Procedures Manual was developed. Both the key indicator and risk assessment methodologies were individually validated. While the pilot study was being planned, the Province developed a Quality Indicator Tool, the Saskatchewan Early Care and Education Program Quality Indicators Tool which can be used in a tandem fashion with the licensing key indicator tool and the risk assessment rules. Now that the pilot study is completed, full implementation of the differential monitoring system should occur. All of the above referenced studies, manuals, etc. are contained within this report after this introduction, methodology, results, and conclusion sections.

Methodology

The pilot study (data were collected basically during the Winter 2020-21 (late 2020 - early 2021)) employed 100 child care centres and 70 child care homes in the study. Independent licensing staff observations were made at sites utilizing the comprehensive checklist/tool in which all rules were evaluated or the key indicator and risk assessment rules were evaluated. The results which follow were compared from the comprehensive review and the abbreviated review. These inspection reviews went through a series of pre-defined eligibility criteria to make certain that the specific program was eligible for an abbreviated inspection. Once that was determined, random rules were added to the key indicator and risk assessment rules.

The eligibility criteria were applied so that the full differential monitoring protocol could be utilized for the pilot study. These criteria were evaluated with the results from the abbreviated and comprehensive inspection reviews.

Results

The results are broken out into Centres and then Homes.

Centres:

There were 100 centres that were evaluated. Out of the 100 centres, 13 were determined to be eligible for an abbreviated review. After the random rule review process, this number was reduced to 8. Usually abbreviated reviews can be done after eligibility criteria are applied to approximately 10 - 20% of the overall programs. Saskatchewan's results were definitely in line with this national/international average. Always keep in mind that abbreviated reviews are only for those programs that provide a high standard of care. They are not intended for all programs or for programs that are struggling.

The average non-compliance or violations for the comprehensive review was 4.93 with a range of 0 - 29 while the average non-compliance or violations for the abbreviated review was 2.82 with a range of 0 - 12. A correlation coefficient was run between the results of the comprehensive reviews and the abbreviated reviews and an $r = .91$; $p < .0001$ was determined. This result clearly demonstrates that abbreviated reviews are very effective when compared to comprehensive reviews. This very high correlation is similar to previous studies conducted in Saskatchewan, Ontario, and the states of Washington & Georgia, and the national Head Start program in the USA.

For those programs that were determined to be eligible for an abbreviated review the average non-compliance was zero (0) for both the abbreviated rules as well as the comprehensive set of rules as versus the average non-compliance for those programs that were determined to not be eligible for an abbreviated review. For non-eligible programs, the respective non-compliances for abbreviated rules an the comprehensive set of rules were 3.07 and 5.36 each being statistically significant with an ANOVA: $F = 7.47$; $p < .007$ and $F = 6.07$; $p < .02$ when compared to the eligible programs.

Homes:

There were 70 homes that were evaluated. Out of the 70 homes, 17 were determined to be eligible for an abbreviated review. After the random review process, this number was reduced to 13. Saskatchewan's results continued to be in line with national/international averages.

The average non-compliance or violations for the comprehensive review was 4.16 with a range of 0 - 27 while the average non-compliance or violations for the abbreviated review was 2.09 with a range of 0 - 11. A correlation coefficient was run between the results of the comprehensive reviews and the abbreviated reviews and an $r = .95$; $p < .0001$ was determined. This result clearly demonstrates that abbreviated reviews are very effective when compared to comprehensive reviews for homes as well as for centres.

For those programs that were determined to be eligible for an abbreviated review the average non-compliance was 0.31 for the abbreviated rules and 0.54 for the comprehensive set of rules as versus the average non-compliance for those programs that were determined to not be eligible for an abbreviated review. For non-eligible programs, the respective non-compliances for abbreviated rules and the comprehensive set of rules were 2.49 and 4.98 each being statistically significant with an ANOVA: $F = 7.89$; $p < .006$ and $F = 7.71$; $p < .007$ when compared to the eligible programs.

Conclusions

It is clear from the pilot study results that for both centres and homes, the Saskatchewan Differential

Monitoring System works very well by the relationship between the abbreviated and comprehensive review inspections. There were statistically significant results when comparing both independently collected data and there were statistically significant differences between the eligible and non-eligible programs. This study clearly demonstrates the efficacy of utilizing abbreviated inspection reviews within a differential monitoring approach (key indicator + risk assessment rules) in that it is as reliable as having completed a comprehensive inspection review.

The next step for the Province of Saskatchewan's Ministry of Education is to see about incorporating the Quality Indicators into the Differential Monitoring approach. By doing this, Saskatchewan would have a fully functional compliance + quality monitoring system providing a balance between regulatory compliance and performance which has always been the goal of differential monitoring.

Please see the following documents and reports which provide additional details for the differential monitoring approach:

- 1) Policies and Procedures Manual;

- 2) Key Indicator Report;

- 3) Risk Assessment Report;

- 4) Validation of Key Indicators and Risk Assessment Rules;

- 5 & 6) Abbreviated Checklists for Centres and Homes; and

- 7) Early Care and Education Quality Indicators.

_____

Richard Fiene, Ph.D., Senior Research Consultant, National Association for Regulatory Administration;

Research Psychologist, Research Institute for Key Indicators and Penn State University.

rfiene@naralicensing.org or fiene@psu.edu

http://www.naralicensing.org/key-indicators or http://rikinstitute.com

Saskatchewan Ministry of Education
Early Learning and Child Care Program

Policy and Procedures for Key Indicator System Use
Version 8.0
December 17, 2019

I. Purpose

The purpose of this document is to establish policy and procedures for the application and administration of the Saskatchewan Ministry of Education, Early Learning and Child Care's Key Indicator System (KIS).

II. Legal Authority

Chapter C-7.31-20(1),(2)

The minister, or a person appointed by the minister for the purpose, may enter any place or premises and conduct an inspection or inquiry for the purpose of:
(a) ensuring the safety and well-being of children receiving childcare services;
or
(b) administering this Act and the regulations.

Every licensee shall, at all reasonable times during the hours of operation of the facility:
(a) cause the facility to be open for inspection by the minister or person appointed by the minister; and
(b) cause all records relating to the operation of the facility to be available for inspection by the minister or person appointed by the minister.

III. Definitions

For purposes of this document[1], the following words and terms have the following meanings, unless the context clearly indicates otherwise:

Applicant – A corporation, co-operative, municipality, partnership or individual who seeks to obtain a license to operate a child care facility.

Inspection - The process of measuring compliance with requirements for licensure by an applicant or facility.

    a. *Initial Inspection* – An inspection conducted for purposes of determining whether to license an applicant.

    b. *Full Inspection* – An inspection where compliance with all applicable rules are measured.

    c. *Partial Inspection* – An inspection where compliance with a subset of rules are measured.

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[1] The definitions used here are for purposes of these policies and procedures only and do not supersede, replace, or modify any statutory or rule definition.

d. *Indicator Inspection* – A type of Partial Inspection where compliance with Key Indicators, Weighted-Risk rules and Random Rules are measured that is conducted in lieu of a Full Inspection.

Key Indicators (KI) – A subset of rules that predict compliance with all of the rules.

Key Indicator System (*KIS*) – A type of targeted measurement where compliance with Key Indicators is measured for purposes of determining total compliance without the need for a Full Inspection[2].

ELCCP – Early Learning and Child Care Program in the Saskatchewan Ministry of Education.

Licensee or facility - The corporation, co-operative, municipality, partnership or individual responsible for compliance with statutes and rules required for licensure.

Consultant – An agent of the ELCCP authorized to complete inspections.

Regulated Setting – The building and grounds operated by a licensee subject to compliance with applicable rules.

Rules – The requirements for licensure with which Child Care Centres, Group Family Child Care Homes, and Family Child Care Homes must comply.

Sanction – A formal penalty for noncompliance with applicable rules, including but not limited to a provisional license, amendment, suspension, emergency closure, or fined offense for contravention of any provision of the Act or regulations.

IV. Eligibility for Indicator Inspections

In order to be eligible for an Indicator Inspection, a facility must meet all of the following criteria:

1. The facility must be operating and licensed for a period of no less than two (2) consecutive years.

2. The facility must have received at least one Full Inspection following the Initial Inspection.

3. For child care centres, the same Director must have been employed at the facility for a period of no less than two (2) consecutive years.

4. A facility that has relocated, must have been in operation for a period of no less than one (1) year in the new location.

5. A family child care home that converts to a group family child care home must have been in operation for a period of no less than (1) year under the new licence category.

6. The facility may not have been subject to sanctions within the past two (2) years.

7. The facility may not have been cited for violating any of the applicable Key Indicators within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s). Key Indicator rules are listed at Appendix B.

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[2] Please see Appendix A for additional information about Key Indicator Systems.

8. None of the Weighted-Risk rules listed at Appendix C were cited within the past year or since the most recent full inspection, whichever is greater, even if the facility subsequently corrected the violation(s).

9. The facility is not currently under investigation by the Early Learning and Child Care Program (ELCCP) or any other oversight agency (Child and Family Services, RCMP, or Police).

V. Procedures for Conducting Indicator Inspections

1. Determine if the facility is eligible for an Indicator Inspection based on the criteria in Section IV above.
   a. The facility will not be notified in advance that an Indicator Inspection will be conducted in lieu of a Full Inspection.

2. Prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules. The additional rules are to be selected randomly using a consistent selection process; consultants shall not select rules based on personal preference, ease of compliance measurement, or similar standard. The process for selecting the three rules is listed at Appendix D.

3. Upon arrival at the regulated setting, the consultant will:

   a. Perform all standard activities for arrival based on the type of regulated setting.

   b. Conduct a brief walkthrough of the setting to identify any immediate health and safety risk or blatant rule violations.

      i. If an immediate health and safety risk is identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.
      ii. If one or more blatant rule violations are identified, the facility will no longer be eligible for an Indicator Inspection and will be subject to a Full Inspection.

4. If following the walkthrough at Section 3-b above, the facility is eligible for an Indicator Inspection, the consultant will:

   a. Briefly describe the ELCCP's KIS, including the circumstances where an Indicator Inspection may cease and a Full Inspection will be conducted.

   b. Inform the facility that the facility is provisionally eligible for an Indicator Inspection, but that a Full Inspection may occur based on inspection findings;

   c. Proceed with the Indicator Inspection as described below.

5. During the course of the inspection, the consultant will measure compliance with all of the following:

   a. The KI rules;

   b. The Weighted-Risk rules; and

   c. The three (3) rules identified at Section 2 above.

If no violations of the above rules are identified, the regulated setting will be determined to be in full compliance with all rules, and the inspection will end.

If one or more violations of the above rules are identified, the Indicator Inspection will cease, and a Full Inspection will be conducted in accordance with ELCCP policy.

VI. Ongoing Activities

1. No facility may receive more than two (2) consecutive Indicator Inspections.

2. KIs will be recalculated at least every five (5) years.

3. Weighted-Risk rules will be recalculated as needed.

4. If there are amendments to the regulations and if they are deemed to be significant (KIs or Weighted-Risk Rules are eliminated or altered) by the ELCCP, recalculation of KIs and Weighted-Risk rules may occur.

VII. ELCCP Discretion

1. ELCCP is under no obligation to conduct an Indicator Inspection even if the facility meets all of the eligibility criteria at Section IV above.

2. Indicator Inspections are a privilege, not an entitlement; the decision not to complete an Indicator Inspection even if the facility meets all of the eligibility criteria at Section IV above is not subject to appeal.

3. These policies and procedures shall not be construed to reduce, limit or restrict ELCCP's authority to enforce applicable statutes and rules, and does not establish a precedent or otherwise bind ELCCP in any other action and shall not be construed as evidence of ELCCP practice, policy or interpretation with respect to any dispute or issue not addressed herein.

Appendix A
Key Indicator Systems: How they Work, why they Work, and the Benefits of Using Them

Targeted measurement tools are licensing inspection methods that increase the effectiveness and efficiency of a consultant y oversight agency without producing recurring operational costs. In other words, targeted measurement tools maximize performance while minimizing costs.

Consultant y oversight agencies nationwide are moving towards targeted measurement as an effective alternative to traditional licensing methods. Instead of measuring every rule during every inspection in every licensed setting every year, targeted measurement allows agencies to devote more resources to struggling licensees by shifting resources away from high-performing providers while still ensuring that safe, high-quality care is provided in all settings. **Key Indicator Systems**, or KIS, are a kind of targeted measurement tool.

Many people mistakenly believe that KIS identify the most "serious" rules (that is, the rules which, if violated, pose the greatest risk to children in care, e.g. leaving children unattended or water temperatures that are too hot). In actuality, KIS identify a subset of licensing rules that statistically predict compliance with the entire set of rules.

How Key Indicator Systems Work

Research has shown that some violations are usually identified during the licensing inspections, even at the most highly-compliant settings. Highly-compliant settings and settings with low compliance share some consultant y violations, but certain violations tend to appear more frequently in settings with low compliance. KIS development includes establishing what it means for a setting to be "high compliance" (few total violations during inspections) or "low compliance" (many violations during inspections), testing the statistical relationship between individual violations and overall compliance in historical inspection data, and identifying the violations that have the closest relationship between "individual" compliance and total compliance. Consider the following illustration:

Rule	High Compliance Setting	Low Compliance Setting
x	Compliant	Violation
y	Compliant	Violation
z	Violation	Violation

In this illustration, analysis of rules *x* and *y* found that high compliance settings are usually compliant with the rules, while low-compliance settings are usually not compliant with the rule. Moreover, rule *z* is usually found to be in violation at both high and low compliance settings. This tells us that rule *z* is probably not a good indicator of overall compliance, but rules *x* and *y* may be indicators of overall compliance. Next, we analyze the statistical relationship between the rules and the settings' levels of compliance to determine if rule compliance really is a good predictor of overall compliance. The results of the testing might look like this:

Rule	High Compliance Setting	Low Compliance Setting	Strength of Relationship
x	Compliant	Violation	Close relationship (Good predictor)
y	Compliant	Violation	Moderate relationship (Poor predictor)
z	Violation	Violation	No relationship (Terrible predictor)

What this means is, if a setting is in compliance with rule *x*, **then we can be very confident that the setting is in compliance with all the other rules as well**, whereas compliance with rules *y* and *z* tell us nothing about overall compliance. Knowing this, we can conduct an abbreviated inspection where only rule *x* is measured to determine overall compliance.

The above illustration is a simplified example. KIS usually identify between 20-30 rules that are good predictors of overall compliance, but the principle is the same: if there are, say, 500 rules, we can predict overall compliance by measuring compliance with only 30 of those rules.

Additionally, there are safeguards in place to ensure that KIS do not inadvertently result in harm to children in care. One such safeguard is the development of eligibility criteria for participation in an indicator (i.e. abbreviated) inspection. Not all licensed settings are eligible for KIS inspections. Factors that generally preclude indicator

inspection eligibility include a recent history of licensing enforcement action, the identification of a "serious" violation during the most recent inspection, operation of a setting by an owner for less than 2-3 years, or an open complaint of noncompliance during the scheduled inspection period. Another safeguard is expanding the inspection to include all rules in the event that a key indicator rule is found to be noncompliant during an inspection. Using the example above, if a setting was found to be out of compliance with rule *x* during an indicator inspection, the surveyor would then measure compliance will all rules to determine the full scope of noncompliance. A third safeguard is the identification of rules that will always be measured during every inspection, even if the rule is not a key indicator. For example, research has found that noncompliance with swimming or water-related rules frequently leads to harm or even death. As a result, it is recommended that such rules be measured during all inspections.

Why we know Key Indicator Systems Work

The National Association for Consultant y Administration (NARA) has been developing and refining qualitative and qualitative targeted measurement tools, especially KIS, for over 30 years. NARA's professional services and educational curricula have been used by dozens of states and provinces for program-specific research, training, and customized technical assistance for child day and residential care settings, care settings for older adults, and care settings for persons with mental illness and intellectual disabilities. NARA's methods are time-tested and proven to maximize agency performance without sacrificing the health and safety of persons in care. Additionally, although each state's key indicator rules are different, independent research conducted by Dr. Richard Fiene, an early-child education professional and NARA consultant, has found patterns in key indicators of compliance/quality in childcare programs, suggesting that certain areas of consultant y oversight function as key indicators nationwide (these include: child abuse reporting and clearances, proper immunizations, staff-to-child ratio and group size, director and teacher qualifications, staff training, supervision/discipline, fire drills, administration of medication, emergency contact/plan, outdoor playground safety, inaccessibility of toxic substances, and handwashing/diapering).

The Benefits of Key Indicator Systems

Key Indicator Systems do not just benefit the licensing agency; in fact, their use benefits *all* stakeholders.

- **The consultant y oversight agency** is able to spend more time monitoring and providing technical assistance to noncompliant providers by spending less time in compliant programs.

- **Providers** benefit from shorter inspections by maintaining compliance.

- **Persons in care** enjoy a higher degree of health and safety protection.

- **The public** is assured that strong licensing continues even if resources are reduced.

Appendix B
Key Indicator Rules

Child Care Centre Key Indicator Rules

R24. Nutrition
- 24(2)(a) Meals and snacks meet nutritional needs

R37. Attendance Records
- 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance

- 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged

R41. Centre Director and Supervisor
- 41(1)(b) Supervisor to act in place of the centre director in the centre director's absence

R42. Child Care Workers
- 42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of an ECE I

- 42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II

- 42(2)(d) A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE IR43.

R43. Exemption
- 43(1) May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements

R44. First Aid and CPR
- 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course

- 44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation

R45. Criminal Record Searches
- 45(1) Criminal record check for each centre employee

R47. Employee Records
- 47(b) Proof of first aid/CPR training

- 47(c) Results of criminal record check

Family Child Care Home Key Indicator Rules

R28. Hazardous Items
- 28(b) Poisonous substances locked

R31. First Aid Supplies
- 31 Appropriate and sufficient first aid supplies and inaccessible to children

R32. Portable Emergency Information
- 32 Portable record of emergency information for each child attending

R33. Taking Certain Supplies
- 33(b) Appropriate and sufficient first aid supplies

R36. Children's Records
- 36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency

- 36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner

- 36(2)(d) The child's immunization status

- 36(2)(f)(ii) Any authorization by the child's parent for an excursion involving transportation

- 36(2)(h) The agreement for services

R37. Attendance Records
- 37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance

- 37(b)(ii) Obtain signature of the parent monthly to verify the fees charged

R38. Insurance
- 38(b) Insurance policy - liability coverage with respect to the transportation of children

Appendix C
Weighted Risk Rules

Child Care Centre Weighted Risk Rules

R08. Application for Licence, Renewal
- 8(1)(a) Health Inspection

- 8(1)(b) Fire Inspection

R27. Medication
- 27(1)(a) Authorization is acquired

- 27(1)(b) Written record of each dose of medication administered

- 27(1)(c) All non-emergency medications are stored in a locked enclosure

- 27(2) Oral authorization in exceptional circumstances for administering non-prescription

R28. Hazardous Items
- 28(a) Unsafe items inaccessible

- 28(b) Poisonous substances locked

- 28(c) Cover radiator

- 28(d) Cap electrical outlets

R49. Duty to Supervise
- 49 Children must be adequately supervised at all times

R52. Supervision at Centre
- 52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5)

Family / Group Child Care Home Weighted Risk Rules

R10. Application for Licence, Renewal – Home
- 10(e) Criminal Record Check(s)

R21. Hygiene
- 21(a) Equipment and furnishings – sanitary

- 21(b) Hygienic procedures are followed

R27. Medication
- 27(1)(a) Authorization is acquired

- 27(1)(b) Written record of each dose of medication administered

- 27(1)(c) All non-emergency medications are stored in a locked enclosure

- 27(2) Oral authorization in exceptional circumstances for administering non-prescription

R28. Hazardous Items
- 28(a) Unsafe items inaccessible

- 28(c) Cover radiator

- 28(d) Cap electrical outlets

R61. Qualifications Licensees
- 61(1) First aid (Type expiry date of certificate):

- 61(2) CPR (Type expiry date of certificate):

R64. Assistant Records
A licensee of a GFCCH - maintain records for each assistant that includes:
- 64(a) A copy of proof of training in first aid and CPR

- 64(b) The results of a criminal record check

- 64(c) Any emergency medical information

- 64(d) A copy of the proof of participation in continuing education

Appendix D
Process to Identify Random Rules

1. If it is determined that a facility is eligible for an Indicator Inspection, based on the criteria in Section IV, prior to conducting the inspection, the consultant responsible for conducting the Indicator Inspection will select three (3) rules to be measured in addition to the KIS and Weighted-Risk rules in accordance with Section V paragraph 2.
2. An "easy to use" Excel random number generator will be used to select three unique random rules.
3. The Consultant will open the Excel Random Rules Generator and select one of five tabs at the bottom for the facility type of the current Indicator Inspection which include:
    a. Child Care Centre
    b. Teen Student Support Child Care Centre
    c. Family Child Care Home
    d. Group Family Child Care Home
    e. Teen Student Support Family Child Care Home.
4. The Consultant will follow the instructions in the text box provided to generate the random rules. Clicking the button "Press Here" will generate three (3) random rules.
5. The Consultant will only click the random rule generator button once.
6. Using the appropriate Checklist for facility type (centre or home), the consultant will place an R in the column provided next to the corresponding number on the checklist to indicate that this rule must be checked during the inspection.
7. Additional rules are selected using the Excel Random Rules Generator. Consultants should not select rules based on personal preference, ease of compliance measurement, or similar standard.
8. Consultants should contact their respective Program Manager, if any issues arise in the generation of the random rules.

The Saskatchewan Key Indicator System: The First Step in Developing a Differential Monitoring Approach

Richard Fiene, Ph.D.

August 2019

The purpose of this report is to provide the Ministry of Education in the Province of Saskatchewan with the results of their key indicator study as well as trends in regulatory compliance in the Province as compared to the ECPQIM International Data Base Project. This report will provide a brief introduction and overview to licensing key indicators, overview data, licensing key indicator methodology, and the results from the study depicting the statistics as well as the key indicator rules.

The use of Licensing Key Indicator Rules is to help make an overall monitoring system more efficient and effective through a use of predictive rules/regulations. It is a component system within a differential monitoring approach which targets the types of monitoring visits to programs based upon regulatory compliance history. The other component system deals with weighted risk assessment but this system will not be addressed in this report. The following section of definitions will assist in distinguishing amongst the various systems and methodologies.

Definitions:

Risk Assessment (RA) - a differential monitoring approach that employs using only those rules, standards, or regulations that place children at greatest risk of mortality or morbidity if violations/citations occur with the specific rule, standard, or regulation.

Key Indicators (KI) - a differential monitoring approach that employs using only those rules, standards, or regulations that statistically predict overall compliance with all the rules, standards, or regulations. In other words, if a program is 100% in compliance with the Key Indicators the program will also be in substantial to full compliance with all rules, standards, or regulations. The reverse is also true in that if a program is not 100% in compliance with the Key Indicators the program will also have other areas of non-compliance with all the rules, standards, or regulations.

Differential Monitoring (DM) - this is a relatively new approach to determining the number of visits made to programs and what rules, standards, or regulations are reviewed during these visits. There are two measurement tools that drive differential monitoring, one is Weighted Risk Assessment tools and the other is Key Indicator checklists. Weighted Risk Assessments determine how often a program will be visited while Key Indicator checklists determine what rules, standards, or regulations will be reviewed in the program. Differential monitoring is a very powerful approach when Risk Assessment is combined with Key Indicators because a program is reviewed by the most critical rules, standards, or regulations and the most predictive rules, standards, or regulations. See Appendix which presents a *Logic Model & Algorithm for Differential Monitoring (DMLMA©)*(Fiene, 2012).

Early Childhood Program Quality Indicator Model (ECPQIM) – these are models that employ a key indicator or dashboard approach to program monitoring. Major program monitoring systems in early care and education are integrated conceptually so that the overall early care and education system can be assessed and validated. With these models, it is possible to compare results obtained from licensing

systems, quality rating and improvement systems (QRIS), risk assessment systems, key indicator systems, technical assistance, and child development/early learning outcome systems. The various approaches to validation are interposed within this model and the specific expected correlational thresholds that should be observed amongst the key elements of the model are suggested. Key Elements of the model are the following (see Appendix for details): CI = state or federal standards, usually rules or regulations that measure health and safety *- Caring for Our Children or Head Start Performance Standards* will be applicable here. PQ = Quality Rating and Improvement Systems (QRIS) standards at the state level; *ERS (ECERS, ITERS, FDCRS), CLASS, or CDPES* (Fiene & Nixon, 1985). RA = risk assessment tools/systems in which only the most critical rules/standards are measured. Stepping Stones is an example of this approach. KI = key indicators in which only predictor rules/standards are measured. The *Thirteen Indicators of Quality Child Care* is an example of this approach. DM = differential monitoring decision making in which it is determined if a program is in compliance or not and the number of visits/the number of rules/standards are ascertained from a scoring protocol. PD = technical assistance/training and/or professional development system which provides targeted assistance to the program based upon the DM results. CO = child outcomes which assesses how well the children are developing which is the ultimate goal of the system. Please see the Appendices for the *Logic Model and Algorithm*.

Overview Regulatory Compliance Data (Please see the Appendices for a graphic display)

There were 152 child care centers (CCC) used in the analyses and 82 family child care (FDC) homes. There were also 137 CCC rules and 112 FDC rules used in the analyses.   The cutoff scores for the high group was 0-1 violations and 7 or more violations for the low group (CCC). The cutoff scores for the high group with FDC was no violations and 6 or more violations for the low group.

The range in rule violations for specific licensing key indicators ranged from 10% to 25% for CCC. For FDC is was from 7% to 19%.

Licensing Key Indicators

The cutoff score for the phi coefficient for CCC and FDC was .40 or greater, p < .0001. The reason for using these thresholds is that it increases predictability and decreases the chances of false negatives. Please see the following expanded checklist for additional details and placement within the tool.

CCC Rule	*Brief Content*	*Phi Coefficient:*
242a	Meals	.44
37bi	Attendance	.64
37bii	Fees	.63
412b	Supervisor/Director	.45
422b	ECE I	.49
422c	ECE II	.59
422d	ECE III	.51
431	Staff exempt	.62
442ai	First aid	.48
442aii	CPR	.48
451	Criminal Records	.42
47b	First aid/CPR	.44
47c	Criminal Records	.49

FDC Rule	Brief Content	Phi Coefficient:
28b	**Poison Substances**	**.55**
31	**First aid supplies**	**.46**
32	**Emergency information**	**.50**
33b	**First Aid supplies**	**.41**
362bii	**Emergency contact**	**.41**
362biii	**Medical Personnel**	**.46**
362d	**Immunizations**	**.41**
362fii	**Excursions**	**.50**
362h	**Agreement**	**.41**
37bi	**Attendance**	**.50**
37bii	**Fees**	**.50**
38b	**Insurances**	**.59**

CCC detail from Expanded Checklist – Key Indicators Bold Faced and Highlighted. The full Expanded Checklist is not provided since the Licensing Key Indicators were within a truncated portion of the Checklist:

R24. Nutrition
   ☐24(1) Provide meals and snacks (include menu posted, children are fed every 3 hours)
   Comments:
   ☒**24(2)(a) Meals and snacks meet nutritional needs**
   Comments:
   ☐24(2)(b) Children are fed in appropriate manner for age and development
   Comments:

R25. Food Services
   ☐25(a) Adequate and safe procedures - food handling, preparation, serving and storage
   Comments:
   ☐25(b) Adequate and safe procedures - cleansing utensils
   Comments:

R26. Child with Communicable Disease
   ☐26(a) Contact public health officer
   Comments:
   ☐26(b) Recommendations or instructions from public health officer are followed
   Comments:

R27. Medication
   ☐27(1)(a) Authorization is acquired
   Comments:
   ☐27(1)(b) Written record of each dose of medication administered

Comments:

☐27(1)(c) All non-emergency medications are stored in a locked enclosure
Comments:

☐27(2) Oral authorization in exceptional circumstances for administering non-prescription
(with written confirmation of authorization after)
Comments:

R28. Hazardous Items
☐28(a) Unsafe items inaccessible
Comments:
☐28(b) Poisonous substances locked
Comments:
☐28(c) Cover radiator
Comments:
☐28(d) Cap electrical outlets
Comments:

R29. Telephone, Emergency Numbers
☐29(a) Telephone in working order
Comments:
☐29(b) Emergency numbers posted
Comments:

R30. Emergency Evacuation
☐30 Develop an emergency evacuation plan and practice it monthly
Comments:

R31. First Aid Supplies
☐31 Appropriate and sufficient first aid supplies and inaccessible to children
Comments:

R32. Portable Emergency Information
☐32 Portable record of emergency information for each child attending
Comments:

R33. Taking Certain Supplies
☐33(a) Portable record of emergency information
Comments:
☐33(b) Appropriate and sufficient first aid supplies
Comments:

R34. Injuries, Unusual Occurrences *(also discuss child abuse protocol and ensure there is a copy and policies, procedures)*

☐34(a) Immediately notify parent
   Comments:
☐34(b) Within 24 hours notify consultant
   Comments:
☐34(c) Within seven days complete/submit report
   Comments:

R35. Volunteers
☐35(1) Child care worker is present at all times when a volunteer is in attendance
   Comments:

R36. Children's Records
☐36(1)(a) Keep a record for each child
   Comments:
☐36(1)(b) Retain the record for a period of six years.
   Comments:
☐36(2)(a) Child's name and date of birth (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information)
   Comments:
☐36(2)(e) Any medication authorization provided/any record of medication administered (Medication form)
   Comments:
☐36(2)(f)(i) Any authorization by the child's parent for an excursion not involving transportation (Excursion form)
   Comments:
☐36(2)(f)(ii) Any authorization by the child's parent for an excursion involving transportation (Excursion form)
   Comments:
☐36(2)(g) Any report regarding an injury or unusual occurrence (Injury/Unusual Occurrence form & Minor Injury Report)
   Comments:

☐36(2)(h) The agreement for services
Comments:

R37. Attendance Records (review records for past 12 months)
☐37(a) Complete and accurate monthly child attendance records
Comments:
☒**37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance**
Comments:
☒**37(b)(ii) Obtain signature of the parent monthly to verify the fees charged**
Comments:
☐37(c) Forward the records to the ministry (Social Service Subsidy) each month
Comments:

R38. Insurance
☐38(a) <u>Insurance policy</u> - comprehensive general liability coverage and personal injury coverage
Insurer: _Click or tap here to enter text._
Policy Number: _Click or tap here to enter text._   Expiry date: _Click or tap to enter a date._
Comments:

☐38(b) <u>Insurance policy</u> - liability coverage with respect to the transportation of children
If do not transport children, N/A ☐
Insurer: _Click or tap here to enter text._
Policy Number: _Click or tap here to enter text._   Expiry date: _Click or tap to enter a date._
Comments:

R39. Materials to be Made Available
☐39(a) The Act
Comments:
☐39(b) The regulations
Comments:
☐39(c) Philosophy and program
Comments:
☐39(d) Child management policy
Comments:
☐39(e) Operational policies
Comments:
☐39(f) Fee schedule
Comments:
☐39(g) Any other materials that the Director may require
Identify any other information requested (If none, check N/A ☐):
Comments:

R40. Confidentiality
☐40(1)(a)(i) Personal information
  Comments:
☐40(1)(a)(ii) Any record with respect to a child or a child's parent
  Comments:
☐40(1)(b)(i) Not disclose without parent permission as required for health or safety of the child
  Comments:
☐40(1)(b)(i) Not disclose without parent permission as required by law
  Comments:
☐40(3)(a) May disclose to a collection agency the name and address of the child's parent
☐40(3)(b) May disclose to a collection agency the amount of fees owing by the parent
☐40(3)(c) May disclose to a collection agency the nature of the fees owing by the parent
  Comments:

Regulations Part IV – Standards for Centres Section
R41. Centre Director and Supervisor
☐41(1)(a) Centre director is appointed and
  Comments:
☒**41(1)(b) Supervisor to act in place of the centre director in the centre director's absence**
  Comments:
☐41(2)(a) Centre director must be at least 18 years of age
  Comments:
☐41(2)(b) Meets or exceeds the qualifications of an ECE III or 41(4)
  Comments:
☐41(3)(a) Supervisor must be at least 18 years of age
  Comments:
☐41(3)(b) Meets or exceeds qualifications of an ECE I
  Comments:

R42. Child Care Workers
☐42(1) Child care worker must be at least 16 years of age
  Comments:
☒**42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of an ECE I**
  Comments:
☒**42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II**
  Comments:
☒**42(2)(d) A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III**
  Comments:

R43. Exemption
  ☒ **43(1) May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements**
  Comments:

R44. First Aid and CPR
  ☐ 44(1) At least one person is on the premises who has first aid/CPR during hours of operation
  ☒ **44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course**
  Comments:
  ☒ **44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation**
  Comments:
  ☐ 44(2)(b) When required to do so by the director, retakes a course in (a)
  Comments:

R45. Criminal Record Searches
  ☒ **45(1) Criminal record check for each centre employee**
  Comments:
  ☐ 45(2)(a) Establish written policies with respect to criminal record checks
  Comments:
  ☐ 45(2)(b) Make policies with respect to criminal record checks known to employees/potential employees
  Comments:

R46. Health of Employees
  ☐ 46(4)(a) If employee may have category I or category II communicable disease, the licensee must notify public health
  (b) Ensure recommendations/instructions followed.
  Comments:

R47. Employee Records
  ☐ 47(a) Copy of employee's ECE certificates
  Comments:
  ☒ **47(b) Proof of first aid/CPR training**
  Comments:
  ☒ **47(c) Results of criminal record check (Note to File completed)**

Comments:

☐47(e) Copy of all medical reports for employee

Comments:

FDC Detail from Expanded Checklist - Key Indicators Bold Faced and Highlighted. The full Expanded Checklist is not provided since the Licensing Key Indicators were within a truncated portion of the Checklist:

R28. Hazardous Items

☐28(a) Unsafe items inaccessible

Comments:

<mark>☒**28(b) Poisonous substances locked**</mark>

Comments:

☐28(c) Cover radiator

Comments:

☐28(d) Cap electrical outlets

Comments:

R29. Telephone, Emergency Numbers

☐29(a) Telephone in working order

Comments:

☐29(b) Emergency numbers posted

Comments:

R30. Emergency Evacuation

☐30 Develop an emergency evacuation plan and practice it monthly

Comments:

R31. First Aid Supplies

<mark>☒**31 Appropriate and sufficient first aid supplies and inaccessible to children**</mark>

Comments:

R32. Portable Emergency Information

<mark>☒**32 Portable record of emergency information for each child attending**</mark>

Comments:

R33. Taking Certain Supplies

☐33(a) Portable record of emergency information

Comments:

<mark>☒**33(b) Appropriate and sufficient first aid supplies**</mark>

Comments:

R34. Injuries, Unusual Occurrences *(also discuss child abuse protocol and ensure there is a copy and policies, procedures)*

☐34(a) Immediately notify parent
    Comments:
☐34(b) Within 24 hours notify consultant
    Comments:
☐34(c) Within seven days complete/submit report
    Comments:

R35. Volunteers
☐35(2) The licensee, alternate or, assistant (GF) is present when a volunteer is in attendance
    Comments:

R36. Children's Records
☐36(1)(a) Keep a record for each child
    Comments:
☐36(1)(b) Retain the record for a period of six years.
    Comments:
☐36(2)(a) Child's name and date of birth (Child's Health Resume & Child's Emergency Information)
    Comments:
☐36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information)
    Comments:
☒**36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information)**
    Comments:
☒**36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information)**
    Comments:
☐36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information)
    Comments:
☒**36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information)**
    Comments:
☐36(2)(e) Any medication authorization provided/any record of medication administered (Medication form)
    Comments:
☐36(2)(f)(i) Any authorization by the child's parent for an excursion not involving transportation (Excursion form)
    Comments:
☒**36(2)(f)(ii) Any authorization by the child's parent for an excursion involving transportation (Excursion form)**
    Comments:
☐36(2)(g) Any report regarding an injury or unusual occurrence (Injury/Unusual Occurrence form & Minor Injury Report)

Comments:

⊠**36(2)(h) The agreement for services**

Comments:

R37. Attendance Records (review records for past 12 months)

☐37(a) Complete and accurate monthly child attendance records

Comments:

⊠**37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's attendance**

Comments:

⊠**37(b)(ii) Obtain signature of the parent monthly to verify the fees charged**

Comments:

☐37(c) Forward the records to the ministry (Social Service Subsidy) each month

Comments:

R38. Insurance

☐38(a) Insurance policy - comprehensive general liability coverage and personal injury coverage

Insurer: Click or tap here to enter text.

Policy Number: Click or tap here to enter text.   Expiry date: Click or tap to enter a date.

Comments:

⊠**38(b) Insurance policy - liability coverage with respect to the transportation of children If do not transport children, N/A ☐**

Insurer: Click or tap here to enter text.

Policy Number: Click or tap here to enter text.   Expiry date: Click or tap to enter a date.

Comments:

Conclusion:

The CCC and FDC key indicators represent approximately 10% of all the rules and regulations for their respective service type which is typical of the percentage of rules selected as key indicators. With these particular rules, they are not based upon risk but upon predictability in that these licensing rules statistically predict overall regulatory compliance. There is some overlap with the *Fiene Thirteen Key Indicators* and the *International ECPQIM data base*, such as with Immunizations, First Aid, CPR, Criminal Records Check, and Staff Qualifications.

APPENDICES

Theory of Regulatory Compliance Algorithm (Fiene KIS Algorithm)

1) $\Sigma R = C$
2) Review C history x 3 yrs
3) $NC + C = CI$
4) If $CI = 100 \rightarrow KI$
5) If $KI > 0 \rightarrow CI$ or if $C < 100 \rightarrow CI$
6) If RA (NC% > 0) $\rightarrow$ CI
7) $KI + RA = DM$
8) $KI = ((A)(D)) - ((B)(E)) / \sqrt{(W)(X)(Y)(Z)}$
9) $RA = \Sigma R1 + \Sigma R2 + \Sigma R3 + \ldots.. \Sigma Rn / N$
10) (TRC = 99%) + (ϕ = 100%)
11) (CI < 100) + (CIPQ = 100) $\rightarrow$ KI (10% CI) + RA (10-20% CI) + KIQP (5-10% of CIPQ) $\rightarrow$ OU

Legend:

R = Rules/Regulations/Standards
C = Compliance with Rules/Regulations/Standards
NC = Non-Compliance with Rules/Regulations/Standards
CI = Comprehensive Instrument for determining Compliance
ϕ = Null
KI = Key Indicators; KI >= .26+ Include; KI <= .25 Null, do not include
RA = Risk Assessment
$\Sigma R1$ = Specific Rule on Likert Risk Assessment Scale (1-8; 1 = low risk, 8 = high risk)
N = Number of Stakeholders
DM = Differential Monitoring
TRC = Theory of Regulatory Compliance
CIPQ = Comprehensive Instrument Program Quality
KIPQ = Key Indicators Program Quality
OU = Outcomes
A = High Group + Programs in Compliance on Specific Compliance Measure (R1...Rn).
B = High Group + Programs out of Compliance on Specific Compliance Measure (R1...Rn).
E= Low Group + Programs in Compliance on Specific Compliance Measure (R1...Rn).
D = Low Group + Programs out of Compliance on Specific Compliance Measure (R1...Rn).
W = Total Number of Programs in Compliance on Specific Compliance Measure (R1...Rn).
X = Total Number of Programs out of Compliance on Specific Compliance Measure (R1...Rn).
Y = Total Number of Programs in High Group (ΣR = 98+).
Z = Total Number of Programs in Low Group (ΣR <= 97).
High Group = Top 25% of Programs in Compliance with all Compliance Measures (ΣR).
Low Group = Bottom 25% of Programs in Compliance with all Compliance Measures (ΣR).

DIFFERENTIAL MONITORING LOGIC MODEL & ALGORITHM (DMLMA©) (Fiene, 2012): A 4th Generation ECPQIM – Early Childhood Program Quality Indicator Model

CI x PQ => RA + KI => DM + PD => CO

Definitions of Key Elements:

CI = Comprehensive Licensing Tool (Health and Safety)(**Caring for Our Children**)
PQ **= ECERS-R, FDCRS-R, CLASS, CDPES** (Caregiver/Child Interactions/Classroom Environment)
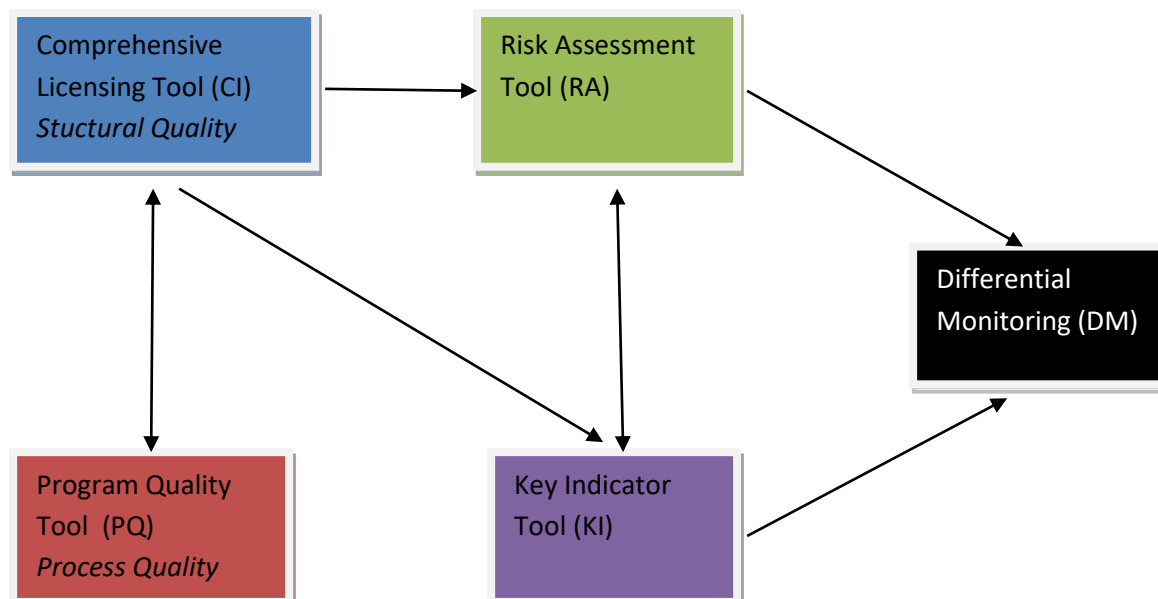RA = Risk Assessment, (High Risk Rules)(**Stepping Stones**)
KI = Key Indicators (Predictor Rules**)(13 Key Indicators of Quality Child Care**)
DM = Differential Monitoring, (How often to visit and what to review)
PD = Professional Development/Technical Assistance/Training
CO = Child Outcomes (See Next Slide for PD and CO Key Elements)

```
┌─────────────────┐         ┌─────────────────┐
│ Comprehensive   │────────▶│ Risk Assessment │
│ Licensing Tool  │         │ Tool (RA)       │
│ (CI)            │         │                 │
│ Stuctural       │         │                 │
│ Quality         │         │                 │
└─────────────────┘         └─────────────────┘
                                              ┌──────────────────┐
                                              │ Differential     │
                                              │ Monitoring (DM)  │
                                              └──────────────────┘
┌─────────────────┐         ┌─────────────────┐
│ Program Quality │         │ Key Indicator   │
│ Tool  (PQ)      │         │ Tool (KI)       │
│ Process Quality │         │                 │
└─────────────────┘         └─────────────────┘
```

Centers Total Number of Violations

Mean = 5.28
Std. Dev. = 5.968
N = 152
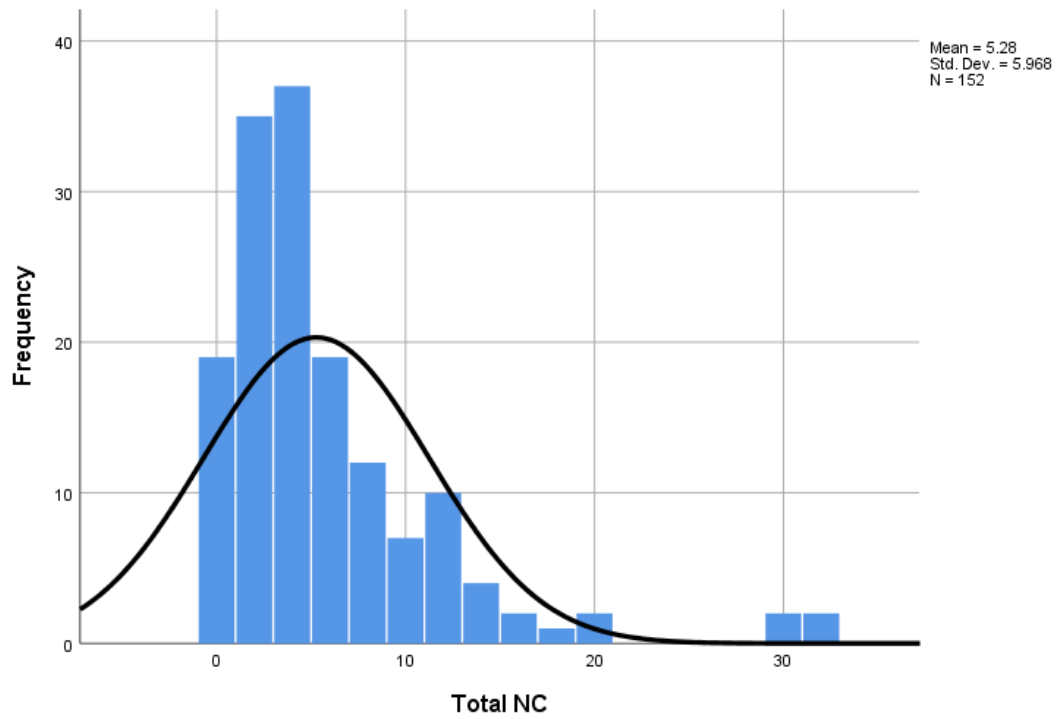
Homes Total Number of Violations

Mean = 3.52
Std. Dev. = 4.364
N = 82
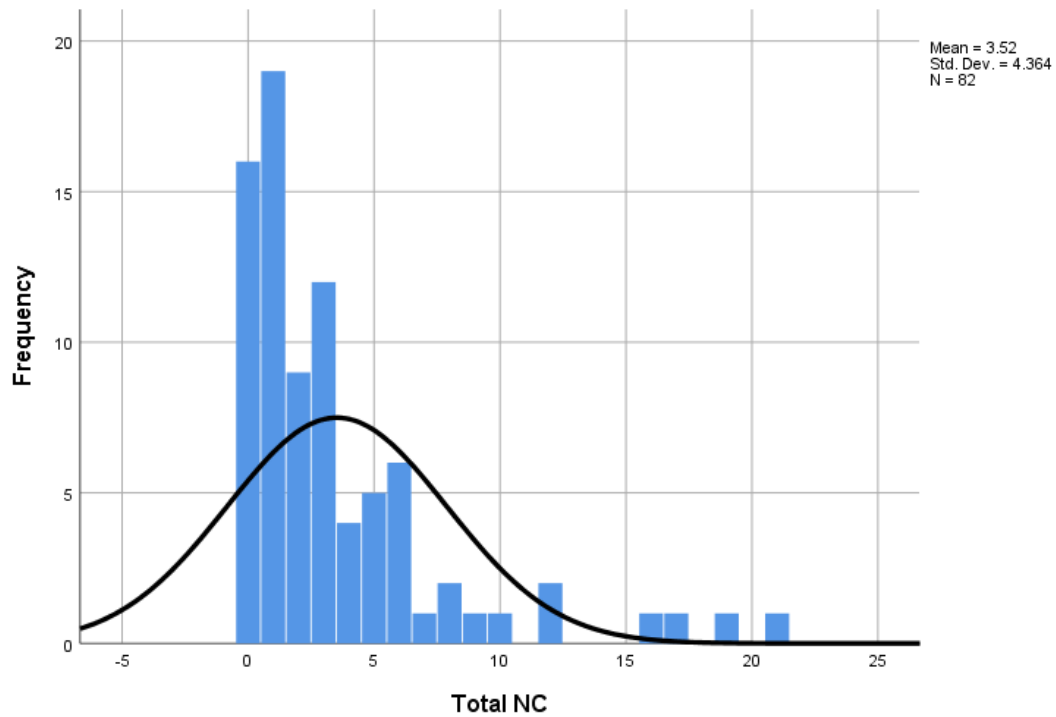
RESEARCH REPORT

Saskatchewan Weighted Risk Assessment Study

Abstract

This report provides the results from the Saskatchewan Licensing Weighted Risk Assessment Study which dealt with over 200 centre and home based stakeholders.

Richard Fiene, Ph.D.

The Saskatchewan Centre and Home Based Weighted Risk Assessment Study

Richard Fiene, Ph.D.

National Association for Regulatory Administration

Research Institute for Key Indicators and Penn State University

October 2019

Abstract

This report will describe the Saskatchewan Centre and Home Based Weighted Risk Assessment Study providing the detailed weights of each service type. The Weighted Risk Assessment Methodology is the other abbreviated inspection approach in Differential Monitoring.   When coupled with the Licensing Key Indicator Methodology it provides a cost effective and efficient monitoring and assessment of early care and education programs.

INTRODUCTION

In licensing and regulatory administration, every regulatory requirement is important. However, anyone can recognize that some regulations pose a greater threat to children's health and safety than others. Weighted Risk Systems allow states, provinces, and other jurisdictions to qualitatively rank regulatory requirements to identify regulations that pose the greatest risk of harm to children.

A key component of Weighted Risk System development is to assign numerical "weights" to each regulatory requirement. These weights are then used to identify the most "serious" regulatory violations. This report presents the regulations that pose the most immediate threat to the health, safety, or well-being of children, and/or present the greatest risk of death or serious physical or emotional injury to children if the compliance with regulations is not met in Child Care Homes and Child Care Centres regulated by the Province.

The Province in conjunction with NARA identified a sample of stakeholders in the regulatory oversight process. Stakeholders identified included but were not limited to Provincial staff and licensees. Using an online measurement instrument, stakeholders were asked to assign a numerical "weight" to each regulation for each type of setting regulated by the Province. Numerical weights ranged from 1 ("No threat to the health, safety, or well-being of residents if the regulation is not met; individuals are not at risk in any way due to violation of regulation) to 8 ("Immediate threat to the health, safety, or well-being of residents if the regulation is not met; individuals would be in danger of death or serious physical or emotional injury if the regulation is in violation").

METHOD

The National Association for Regulatory Administration (NARA) in cooperative agreement with the Research Institute for Key Indicators LLC (RIKI) have developed and enhanced Differential Monitoring and the respective abbreviated inspections methodologies of Weighted Risk Assessment and Licensing Key Indicators.

The risk assessment methodology is very different from the key indicator methodology in that compliance history data are not utilized but rather a best practice ranking according to risk is used to determine which rules become core rules which have the greatest likelihood to place children at significant risk of morbidity or mortality. This is done by having a group of experts rank order all the rules on a Likert Scale from low risk to high risk of mortality or morbidity that non-compliance with the rule places children at. This is generally done on a 1-10 scale with 1 = low risk; 5 = medium risk; and 10 = high risk. The experts selected include but are not limited to licensing staff, policy makers, researchers, providers, advocacy groups, parents, and other significant stakeholders who will be impacted by the weighting of the rules.

Once the data are collected from all the experts, it is averaged for each rule to determine its relative rank in comparison to all the other rules. A significantly high threshold or cut off point is determined so that no more than 5-10% of the rules become core rules. These core rules can then be used in a differential monitoring approach (to be described more fully in the next section) and/or with the key indicators to complete abbreviated reviews of child welfare programs. It is recommended that such a practice of using both core rules and key indicators be used together because than the state has the benefits of both methodologies in measuring risk and being able to statistically predict overall compliance with a very short list of rules.

The remainder of this section describes the process for developing a licensing weighting/risk assessment system for use in the implementation of human care licensing rules and discusses the applicability of weighting/risk assessment system for all types of human service licensing.

A licensing weighting/risk assessment system is a regulatory administration tool designed for use in implementing human care licensing rules. A licensing weighting/risk assessment system assigns a numerical score or weight to each individual licensing rule or section of a rule, based upon the relative health, safety and welfare risk to the consumers if a facility is not in compliance with the rule. The type of license issued is based on the sum of the numerical weights for each rule that is not in compliance.

The specific objectives of a licensing weighting/risk assessment system are:

a) To standardize decision-making about the type of license to be issued
b) To take into account the relative importance of each individual rule
c) To ensure that rules are enforced consistently
d) To improve the protection of consumers through more equitable and efficient application and enforcement of the licensing rules

A licensing weighting/risk assessment system can and should be developed and implemented only if:

1) Regular or full licenses are issued with less than 100% compliance with all rules. If a regular license is not issued unless all violations are corrected at the time of license issuance, a weighting/risk assessment system is not necessary. A weighting/risk assessment system in useful if a facility is issued a license with outstanding violations (and a plan to correct the non-compliance areas) at the time of license issuance.

2) There is a large number of licensing rules with a variation of degrees of risk associated with various rules. If there are only a few rules with equal or similar risk associated with each rule, a weighting/risk assessment system is not necessary. A weighting/risk assessment system is useful if there are many rules with varying degrees of risk.

3) A standardized measurement system or inspection instrument is used to measure compliance with licensing rules. Before developing a weighting/risk assessment system, a standardized measurement instrument or tool should be developed and implemented.

Development of a Weighting/Risk Assessment System

This section will provide a step-by-step process in the development of a weighting/risk assessment system for licensing agency use.

1) The first step in developing a licensing weighting/risk assessment system is the development of a survey instrument. A licensing inspection instrument or measurement tool can be adapted into a survey tool. The survey should contain each rule or section of a rule, according to how it is measure in the inspection instrument. Survey instructions should explain the purpose of the survey and instructions for completing the survey instrument. It is suggested that survey participants rate each rule section from 1-8 based on risk to the health, safety and welfare of the clients if the rule is not met (1 = least risk; 8 = most risk).

2) Surveys should be disseminated to at least 100 individuals. If a state has more than 3,000 licensed facilities in the type of service being surveyed, consideration for surveying more than 100 individuals should be given. Individuals surveyed should include providers of service; provider, consumer and advocacy associations; health, sanitation, fire safety, medical, nutrition and program area professionals; licensing agency staff including policy/administrative staff and inspectors; consumers of service; parents; and funding agency staff. In order to assure a higher survey return rate, persons selected as survey participants should be contacted prior to the survey to explain the weighting/risk assessment system and request their willingness to complete the survey.

3) Survey results from each survey should be collected and entered into a computer data base spreadsheet software package or an online survey software. After all survey data

are recorded, means or average weights for each rule or section of a rule should be calculated. If there is sufficient variation in the means for each rule, the individual rule means can be rounded to the nearest whole number. Generally when comparing mean weights among the various groups surveyed there should be a similarity in rating among the groups, supporting the use of the weights as a reliable measure of risk.

RESULTS

The following contains the *Rule, Brief description of the Rule, and its corresponding weight*.

Centres (n = 144):

R49. Children must be adequately supervised at all times.   7.77

R44. At least one person is on the premises who has first aid/CPR during hours of operation.   7.68

15(b). A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management.   7.64

36(2)(c). Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information)   7.63

28(b). Store any poisonous substances at the facility in a locked enclosure.   7.59

R55. No person will smoke in a centre (includes outdoor play areas and facility excursions).   7.54

R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint.   7.51

R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent;   7.50

R45. Before an individual is hired as an employee in a centre, the licensee must obtain from the individual the results of a criminal record check with respect to that individual.   7.49

R28. A licensee must: Store any unsafe items at the facility in a place that is inaccessible to children.   7.48

R53. The licensee must ensure that there is at least one child care worker present to care for a group of children on a walk in the neighbourhood of the centre.   7.48

27(1)(b) ensure that a written record of each dose of medication administered is made.   7.42

R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the mediation is administered to the child.   7.41

25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking.   7.41

R25. Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food.   7.40

21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.38

53(2) The licensee must ensure that the number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (3) and (4).   7.37

28(c) Cover all radiators and hot pipes with non-combustible materials. 7.36

R35. Child care worker is present at all times when a volunteer is in attendance. 7.36

27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 7.36

52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5). 7.33

26(b) ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out.   7.31

47(c) Results of criminal record check.   7.30

54(3)(a) On an excursion, the number of child care workers present meets the staff-to-child ratio set out in subsection (4) or (6); or 54(3)(b) On an excursion the number of child care workers present meets the staff-to-child ratio set out in subsection (5) or (7).   7.27

54(8)(a) Consider the location and activities involved in the excursion and assess risks to the children. 7.25

36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information)   7.24

R47. A licensee must maintain accurate and up-to-date records with respect to each employee that include: Proof of first aid/CPR training.   7.21

44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course.   7.19

33(b) appropriate and sufficient first aid supplies.   7.19

R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 7.19

36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information).   7.19

R54. If on an excursion away from the centre, at least one child care worker and one adult, or two child care workers are present to care for the children   7.17

R32. A licensee must maintain a portable record of emergency information for each child attending. 7.17

R33. If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child.   7.16

R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children   7.15

44(2)(b) When required to do so by the director, retakes a course in first aid and cardiopulmonary resuscitation.   7.15

R29. Ensure that the facility is equipped with a telephone in working order.   7.14

36(2)(e) Any medication authorization provided/any record of medication administered (Medication form)   7.13

28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets.   7.12

R58. Ensure the centre has access to sufficient kitchen and dining facilities to provide food for children attending the centre.   7.10

R36. A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information). 7.09

29(b) Ensure emergency telephone numbers are posted in a convenient location.   7.08

8(1)(b) Fire Inspection - A report from the Fire Commissioner's local assistant respecting the fire safety standards of the centre.   7.06

8(1)(a) Health Inspection - A report from the public health officer respecting the sanitation and general health and safety standards of the centre must be submitted with the application.   7.04

24(2)(b) Children are fed in appropriate manner for age and level of development.   7.04

44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation.   7.01

45(2)(a) A licensee of a centre must establish written policies with respect to criminal record checks. 7.00

R30. Develop an emergency evacuation plan and practice it monthly.   6.97

47(f) Any emergency medical information for employee.   6.97

52(2)(b) the licensee has made arrangements for the provision of an additional individual in the event of an emergency. 6.94

45(2)(b) A licensee of a centre must make policies with respect to criminal record checks known to employees/potential employees.   6.87

24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility 6.81

R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer.   6.76

R59. The licensee of a centre must provide a safe outdoor play area of seven square metres per space; or At least half of the outdoor play area must be adjacent to the centre and the remainder must be within walking distance. 6.76

52(2) If there are less than nine children in attendance and there are not more than three infants/toddlers, there may be only one child care worker present at the centre if: the staff-to-child ratio does not exceed the ratio set out in subsection (5).   6.74

R46. If a licensee of a centre has reason to suspect that an employee of the centre has a category I or category II communicable disease, the licensee must: notify the public health officer; and ensure recommendations/instructions from the public health office are followed.   6.72

20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe.   6.71

R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage.   6.70

R52. The licensee must ensure that there are two persons present at centre at all times including one child care worker and one other person at least 16 years of age while children are in attendance.   6.68

R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.60

34(b) Within 24 hours after the occurrence, the licensee must notify the consultant.   6.56

27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.56

34(c) Within seven days after the occurrence, complete/submit report to the ministry.   6.45

8(1)(c) Heating Inspection - A report from a person acceptable to the Director respecting the heating system in the premises in which the centre will be operated.   6.21

R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities.   6.12

R48. Any volunteer must be 16 years of age or older.   6.08

R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.83

36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information)   5.47

R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided. 5.40

36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information) 5.35

10(e) The results of a criminal record check with respect to the applicant and each adult who resides in the premises in which the home will be operated.   7.29

36(2)(c) Any allergy, illness or other medical condition (Child's Health Resume & Child's Emergency Information)   7.15

R61. A licensee of a home must have successfully completed a first aid course.   7.14

15(b) A licensee must ensure all employees and volunteers who provide child care services at the facility comply with the policy on child management.   7.10

R28. Store any unsafe items at the facility in a place that is inaccessible to children.   7.10

28(b) Store any poisonous substances at the facility in a locked enclosure.   7.09

61(2) A licensee of a home must have successfully completed training in cardiopulmonary resuscitation. 7.09

R63. Before an individual is hired as an assistant in a group family child care home, the licensee must obtain from the individual the results of a criminal record check with respect to the individual.   7.05

21(b) Ensure that hygienic procedures are followed by all persons in the facility. 7.04

R68. Children attending the home are adequately supervised at all times.   7.03

R34. If a child attending the facility sustains an injury requiring medical treatment or is involved in an unusual or unexpected occurrence, the licensee must: immediately notify the parent.   7.01

R70. Ensure that the social environment promotes the safety and well-being of the children.   6.97

64(b) The results of a criminal record check.   6.89

63(2) A licensee of a group family child care home must ensure that each person employed as an assistant in the home: (b) successfully completes a first aid course within six months; Comments: (c) successfully completes training in cardiopulmonary resuscitation within six months of commencing employment if not covered under (b).   6.88

28(c) Cover all radiators and hot pipes with non-combustible materials. 6.87

27(1)(c) ensure all non-emergency medications are stored in a locked enclosure. 6.86

25(b) Adequate and safe procedures are followed in the facility for cleansing utensils used for eating and drinking.   6.83

R25. Food Services 25(a) Adequate and safe procedures are followed in the facility for handling, preparation, serving and storing food.   6.83

R21. Ensure that the facility and its equipment and furnishings are maintained in a sanitary condition. 6.78

28(d) If infants, toddlers or preschool children attend the facility, cap electrical outlets.   6.77

R27. A licensee who agrees to administer a medication to a child attending the facility must: obtain written authorization from the parent of the child before the mediation is administered to the child. 6.74

33(b) appropriate and sufficient first aid supplies.   6.71

R32. A licensee must maintain a portable record of emergency information for each child attending. 6.70

27(1)(b) ensure that a written record of each dose of medication administered is made.   6.68

26(b) Ensure that any recommendations or instructions from the public health officer with respect to that communicable disease that may affect the health or well-being of a child attending the facility are carried out.   6.68

36(2)(b)(i) Names, addresses and phone numbers of the child's parents (Child's Health Resume & Child's Emergency Information)   6.67

R29. Telephone, Emergency Numbers Ensure that the facility is equipped with a telephone in working order.   6.65

36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency (Child's Health Resume & Child's Emergency Information).   6.65

R64. A licensee of a group family child care home must maintain records for each assistant that includes: (a) A copy of proof of training in first aid and CPR.   6.65

R33. Taking Certain Supplies If children attending a facility are taken on an excursion from the facility, the licensee must take on the excursion: a portable record of emergency information for each child. 6.61

R15. A licensee must develop a written policy with respect to child management that does not permit: corporal punishment; physical, emotional or verbal abuse; denial of necessities; isolation; or inappropriate physical or mechanical restraint.   6.61

24(2)(b) Children are fed in appropriate manner for age and level of development.   6.59

R35. Child care worker is present at all times when a volunteer is in attendance.   6.55

R31. Keep appropriate and sufficient first aid supplies at the facility at a place that is inaccessible to children   6.51

24(2)(a) Meals and snacks provided meet the nutritional needs of the children attending the facility. 6.51

65(7) If a licensee has reason to suspect an assistant or alternate has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed.   6.50

R24. Provide meals and snacks for the children attending the facility who are six months of age or older. 6.49

R69. No person shall conduct any business or other activity within or from the home that might: (a) Interfere with supervision of the children; or (b) Pose a threat to the health or safety of a child.   6.47

64(d) Any emergency medical information.   6.47

36(2)(e) Any medication authorization provided/any record of medication administered (Medication form).   6.47

10(b) Fire Inspection - A report from the Fire Commissioner's local assistant respecting the fire safety standards of the premises in which the home will be operated.   6.46

27(2) In exceptional circumstances, a licensee may administer a non-prescription medication to a child on the oral authorization of the parent of the child (with written confirmation of authorization after). 6.46

R67. Provide a safe outdoor play area that is sufficient and that is: (a)Adjacent to the home; or (b) Within walking distance.   6.44

R30. Develop an emergency evacuation plan and practice it monthly.   6.41

20(2) Provide equipment and materials that are developmentally appropriate and adequate in quality, non-toxic, washable, sturdy and safe.   6.41

R65. If licensee or person living in the home has a category I or II communicable disease, or suspects he or she has a category I or II communicable disease, the licensee must: (a) Immediately notify the public health officer; and (b) Ensure any recommendations of instructions are followed.   6.39

29(b) Ensure emergency telephone numbers are posted in a convenient location.   6.37

R26. If a licensee has reason to suspect that a child attending the facility has a category 1 or category II communicable disease, the licensee must: immediately notify the public health officer.   6.33

34(b) Within 24 hours after the occurrence, the licensee must notify the consultant.   6.25

R19. Provide developmentally appropriate equipment and furnishings for resting, eating, diapering, toileting and storage.   6.19

R13. A license for a home must specify the maximum number of child care spaces that the licensee is authorized to provide in the home as licensed child care spaces or a license for a teen student support family child care home must specify the maximum number of licensed child care spaces that may be allocated as teen student support child care spaces.   6.16

R36. Children's Records A licensee must: (a) keep a record with respect to each child attending the facility; and (b) retain the record for a period of six years after the child ceases to attend the facility. The children's record must include: Child's name and date of birth (Child's Health Resume & Child's Emergency Information).   6.10

10(c) A report from a person acceptable to the Director respecting the heating system in the premises in which the home will be operated.   6.09

34(c) Within seven days after the occurrence, complete/submit report to the ministry.   5.99

R60. No licensee of a family child care home will provide more than 100 hours of care in one 24-hour period or 60(3) No licensee of a group family child care home shall provide more than 150 hours of care in one 24-hour period or 60(4) No licensee of a teen student support family child care home shall provide more than 75 hours of care in one 24-hour period.   5.83

36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information). 5.78

R20. Provide sufficient quantities of equipment and materials for indoor and outdoor activities.   5.74

36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner (Child's Health Resume & Child's Emergency Information).   5.72

R37. A licensee must keep complete and accurate monthly child attendance records for the facility. 5.47

R23. No maintenance or repair to any area of the facility will be carried out while child care services are being provided.   5.06

10(h) The applicant's health services number if requested by the director.   4.07

DISCUSSION

This report provides the results of the weighted risk assessment study in Saskatchewan conducted during 2019. It is recommended that provincial staff select only those rules that place children at greatest risk to be used along with the licensing key indicator rules as identified in a previous report authored by this researcher.

By using both in tandem, it will provide a very cost effective and efficient approach to differential monitoring.

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Richard Fiene, Ph.D., Research Psychologist, Research Institute for Key Indicators LLC (RIKI); Senior Research Consultant, National Association for Regulatory Administration (NARA); and Professor of Psychology (ret), Penn State University.

National Association for
Regulatory Administration

Validation Research Studies of Key Indicator and Risk Assessment Methodologies in the Province of Saskatchewan

Richard Fiene, Ph.D.
Research Psychologist & Senior Research Consultant

March 2020

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Research Institute for Key Indicators and Penn State University

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Introduction

The purpose of this report is to document the validation process for the Province of Saskatchewan's Licensing Key Indicator Rules and their Risk Assessment Rules. These studies were completed in 2019-2020 and were completed with a sample of child care centres and homes in the province. The purpose of the evaluation was to determine if the measurement protocol inherent in the key indicator and risk assessment methodologies were consistent and produced the desired results. Presently the province has convened a program quality work group which when they have finished their work, it should provide guidance to undertake the other three validations of licensing systems: standards, outputs, and outcome validations (see Zellman & Fiene (2012), *Validation Framework for Quality Rating and Improvement Systems*, ACF Office of Planning, Research and Evaluation).

For the purposes of this report, this validation study will only focus on the abbreviated checklist to be utilized in the province of Saskatchewan which consists of the key indicator and risk assessment rules. Saskatchewan is one of the first jurisdictions to engage in a validation study utilizing both the key indicator and risk assessment methodologies. In the past with validation studies they have been done in validating either the key indicator or the risk assessment methodology. This study is unique and is highly recommended as an approach for other jurisdictions in moving the licensing, regulatory science, program monitoring, and evaluation fields forward.

Methodology

In this study, a sample of 38 child care centres (CCC) and 35 child care homes (FCC) were selected during a three-month time frame (Winter 2019-20). It was a convenience sample based upon when facilities were to be monitored. However, since the monitoring of facilities did not show any biases in their selection protocol, this sample can be dealt with as a valid representation of the Provence. Licensing consultants did the reviews and collected the data. Again, licensing consultants who would normally review the programs during this time frame did so. The reviews/inspections were done in tandem independent of each other with two consultants visiting a facility one doing the abbreviated

inspection/review (key indicator and risk assessment rules only), the other consultant doing the comprehensive inspection/review looking at all the rules.
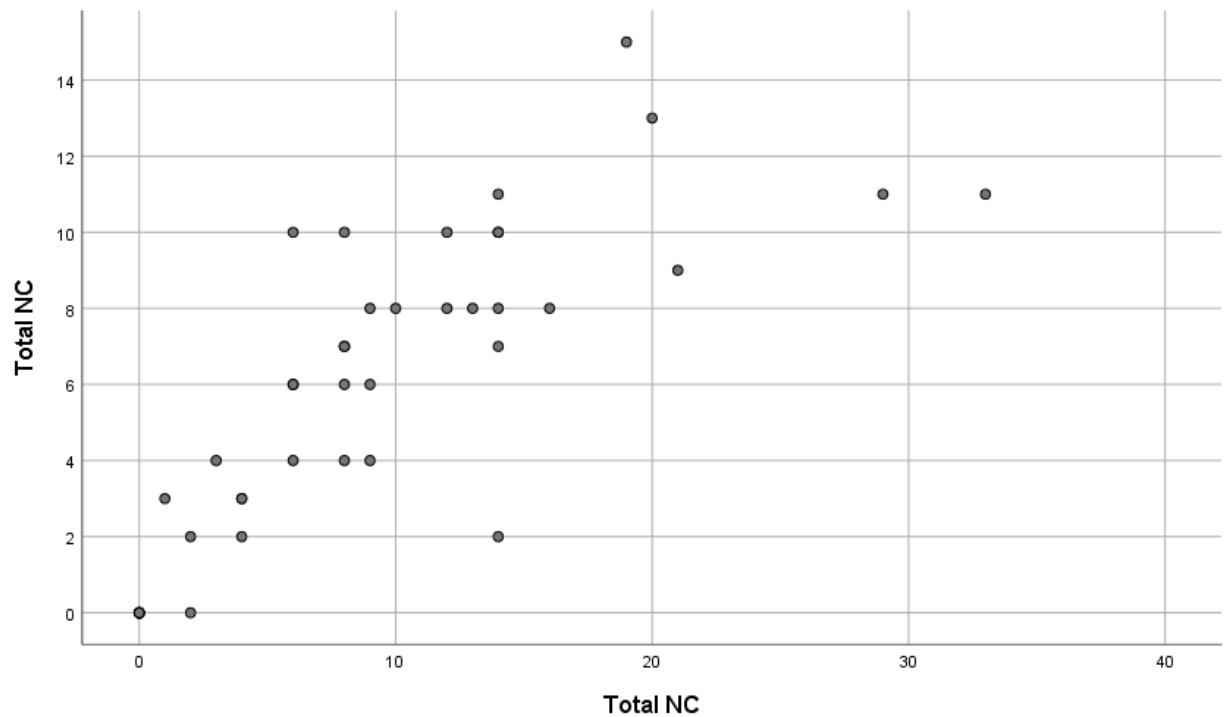
Results

The results clearly validated the key indicator and risk assessment rules and the methodology. All the following results are statistically significant at the $p < .0001$ level with the exception of a couple of rules which are addressed in the final Discussion section of this report. The correlation between the abbreviated tool and the comprehensive tool for CCC was .86 (see Figure 1 for a graphic depiction of this relationship); while the correlation between the abbreviated tool and the comprehensive tool for FCC was .71 (see Figure 2 for a graphic depiction of this relationship). There was only one false negative in either the CCC or FCC observations in which the abbreviated tool indicated no non-compliances (NC) while 2 non-compliances (NC) were indicated on the comprehensive tool. False negative means that a program gets a perfect score on the abbreviated inspection but violations of regulatory compliance are found on the comprehensive inspection. A false positive is when no violations are found on the comprehensive inspection but violations are found on the abbreviated inspection – two cases were observed to meet this standard. There were no statistically significant differences amongst the licensing consultants scoring. Reliability IRR – Inter-Rater Reliability = .84.

Figure 1: Total CCC Non-Compliance (NC) Abbreviated Tool (Vertical Axis)/Total Non-Compliance (NC) Comprehensive Tool (Horizontal Axis)
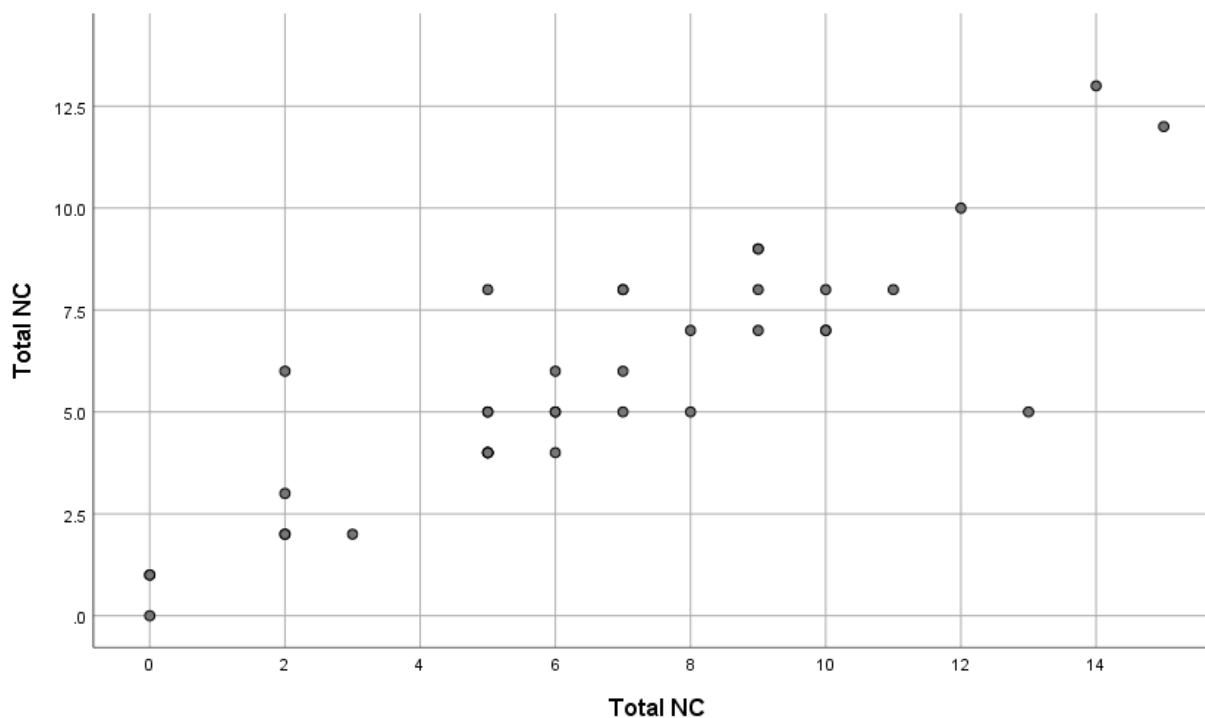
r = .86; p < .0001

Figure 2: Total FCC NC Abbreviated Tool (Vertical Axis)/Total NC Comprehensive Tool (Horizontal Axis)

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r = .71; p < .0001

The following charts (1-4) provide the correlations between the abbreviated tool and the comprehensive tool for each key indicator rule and each risk assessment rule. Chart 1 provides the results for CCC key indicator rules; Chart 2 provides the results for CCC risk assessment rules; Chart 3 provides the results for FCC key indicator rules; & Chart 4 provides the results for FCC risk assessment rules.

Chart 1: CCC Key Indicator Rules

Rule	Content of Rules	r
242a	Meals and snacks meet nutritional needs	.86
37bi	Obtain signature of parent monthly to verify hours/days of attendance	.89
37bii	Obtain signature of parent monthly to verify fee charges	.89
412b	Director and supervisor meets or exceeds the qualifications of ECEIII	.85
422b	Child care workers working for 65hrs or more/mo. meets or exceeds ECEI	.93

422c	30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II	.94
422d	A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III	.85
431	May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements	.82
442ai	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course	.93
442aii	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation	.93
451	Criminal record check for each centre employee	.80
47b	Proof of first aid/CPR training	.85
47c	Results of criminal record check	.81

Chart 2: CCC Risk Assessment Rules

Rule	Content of Rules	r
81a	Health inspection	.93
81b	Fire inspection	.94
271a	Medication authorization is acquired	.81
271b	Written record of each dose of medication administered	1.00
271c	All non-emergency medications are stored in a locked enclosure	.65
272	Oral authorization in exceptional circumstances for administering non-prescription	1.00
28a	Unsafe items inaccessible	.52
28b	Poisonous substances locked	.76
28c	Cover radiator	1.00
28d	Cap electrical outlets	.70
49	Children must be adequately supervised at all times	1.00
523	Number of child care workers present is not less than the number required by applicable staff-to-child ratio	1.00

It is evident from Charts 1 and 2, the very strong relationship between the abbreviated key indicator and risk assessment rules and when these rules were assessed independently by a different licensing consultant during a comprehensive inspection. In moving on to Charts 3 and 4 for FCC, the results are not as quite robust but still statistically significant in all cases.

Chart 3: FCC Key Indicator Rules

Rule	Content of Rule	r
28b	Poisonous substances locked	.71
31	Appropriate and sufficient first aid supplies and inaccessible to children	.89

32	Portable record of emergency information for each child attending	.94
33b	Appropriate and sufficient first aid supplies	.71
362bii	Names, addresses and phone numbers of person to contact in an emergency	.70
362biii	Names, addresses and phone numbers of the child's medical practitioner	.83
362d	The child's immunization status (Child's Health Resume & Child's Emergency Information)	.74
362fii	Any authorization by the child's parent for an excursion involving transportation	.70
362h	The agreement for services	.48
37bi	Obtain signature of the parent monthly to verify hours/days of the child's attendance	.71
37bii	Obtain signature of the parent monthly to verify the fees charged	.83
38b	Insurance policy - liability coverage with respect to the transportation of children	.68

Chart 4: FCC Risk Assessment Rules

Rule	Content of Rule	r
10e	Criminal Record Check(s)	.85
21a	Equipment and furnishings – sanitary	.80
21b	Hygienic procedures are followed	.88
271a	Medication authorization is acquired	1.00
271b	Written record of each dose of medication administered	1.00
271c	All non-emergency medications are stored in a locked enclosure	.61
272	Oral authorization in exceptional circumstances for administering non-prescription	1.00
28a	Unsafe items inaccessible	.68
28c	Cover radiator	1.00
28d	Cap electrical outlets	.88
611	First aid certificate	1.00
612	CPR certificate	1.00
64a	A licensee of a GFCCH - maintain records for each assistant that includes: A copy of proof of training in first aid and CPR	.67
64b	The results of a criminal record check	.69
64d	Any emergency medical information	.90
64e	A copy of the proof of participation in continuing education	1.00

The FCC results appear to corroborate other findings in other jurisdictions over the years in which FCC scoring is lower than CCC scoring when it comes to reliability and validity. The results are still statistically significant in both cases but there is more consistency in the CCC scoring. This result is fairly typical. Additional research in this area will need to be done in order to ascertain the differences between CCC and FCC related to these results.

This study in Saskatchewan clearly demonstrates the efficacy of both the risk assessment and key indicator methodologies as effective and efficient approaches to utilizing an abbreviated protocol to

doing licensing inspections and determining substantial regulatory compliance.   Other observations in interpreting the data analyses: The CCC key indicator rules were consistently higher in their validation scores than the risk assessment rules. The CCC key indicator rules were consistently higher in their validation scores than the FCC key indicator rules. With the FCC facilities, the risk assessment rules had higher validation scores than the key indicator rules. And finally, the risk assessment rules were consistently higher in their validation scores with FCC over the CCC facilities.

Charts 5 – 8 provide the regulatory compliance data (the number of non-compliances (NC)) with each of the key indicators and risk assessment rules for both CCC and FCC. The differences in NC for the key indicator and risk assessment rules are typical in that the key indicator rules distinguish between the highly compliant programs and those programs that have lower compliance levels. With the risk assessment rules, these are generally very heavily weighted rules where you would not find high levels of non-compliance (NC). So the results in the following charts and figure clearly demonstrate these relationships.

Figure 3 provides the regulatory compliance average number of non-compliances (NC) for both CCC and FCC with key indicator rules and risk assessment rules.

Chart 5: Non-Compliance (NC) with CCC Key Indicator Rules

Rule	Content of Rules	NC
242a	Meals and snacks meet nutritional needs	8
37bi	Obtain signature of parent monthly to verify hours/days of attendance	23
37bii	Obtain signature of parent monthly to verify fee charges	24
412b	Director and supervisor meets or exceeds the qualifications of ECEIII	4
422b	Child care workers working for 65hrs or more/mo. meets or exceeds ECEI	9
422c	30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II	13
422d	A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III	9
431	May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements	13
442ai	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course	10
442aii	Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation	10
451	Criminal record check for each centre employee	6
47b	Proof of first aid/CPR training	3
47c	Results of criminal record check	8

Chart 6: Non-Compliance (NC) with CCC Risk Assessment Rules

Rule	Content of Rules	NC
81a	Health inspection	8
81b	Fire inspection	10
271a	Medication authorization is acquired	2
271b	Written record of each dose of medication administered	0
271c	All non-emergency medications are stored in a locked enclosure	5
272	Oral authorization in exceptional circumstances for administering non-prescription	0
28a	Unsafe items inaccessible	8
28b	Poisonous substances locked	13
28c	Cover radiator	0
28d	Cap electrical outlets	5
49	Children must be adequately supervised at all times	0
523	Number of child care workers present is not less than the number required by applicable staff-to-child ratio	0

Chart 7: Non-Compliance (NC) with FCC Key Indicator Rules

Rule	Content of Rule	NC
28b	Poisonous substances locked	15
31	Appropriate and sufficient first aid supplies and inaccessible to children	14
32	Portable record of emergency information for each child attending	12
33b	Appropriate and sufficient first aid supplies	15
362bii	Names, addresses and phone numbers of person to contact in an emergency	13
362biii	Names, addresses and phone numbers of the child's medical practitioner	19
362d	The child's immunization status (Child's Health Resume & Child's Emergency Information)	17
362fii	Any authorization by the child's parent for an excursion involving transportation	14
362h	The agreement for services	12
37bi	Obtain signature of the parent monthly to verify hours/days of the child's attendance	18
37bii	Obtain signature of the parent monthly to verify the fees charged	19
38b	Insurance policy - liability coverage with respect to the transportation of children	1

Chart 8: Non-Compliance (NC) with FCC Risk Assessment Rules

Rule	Content of Rule	NC
10e	Criminal Record Check(s)	3
21a	Equipment and furnishings – sanitary	2
21b	Hygienic procedures are followed	4
271a	Medication authorization is acquired	5
271b	Written record of each dose of medication administered	3

271c	All non-emergency medications are stored in a locked enclosure	8
272	Oral authorization in exceptional circumstances for administering non-prescription	0
28a	Unsafe items inaccessible	9
28c	Cover radiator	0
28d	Cap electrical outlets	4
611	First aid certificate	0
612	CPR certificate	0
64a	A licensee of a GFCCH - maintain records for each assistant that includes: A copy of proof of training in first aid and CPR	2
64b	The results of a criminal record check	1
64d	Any emergency medical information	7
64e	A copy of the proof of participation in continuing education	6

The following figure 3 summarizes the results from the previous 4 charts into one graph showing the average regulatory non-compliance for CCC and FCC for key indicator and risk assessment rules.

Figure 3: Regulatory Compliance (Non-Compliance) in CCC & FCC for KIM – Key Indicator Rules and RAM – Risk Assessment Rules
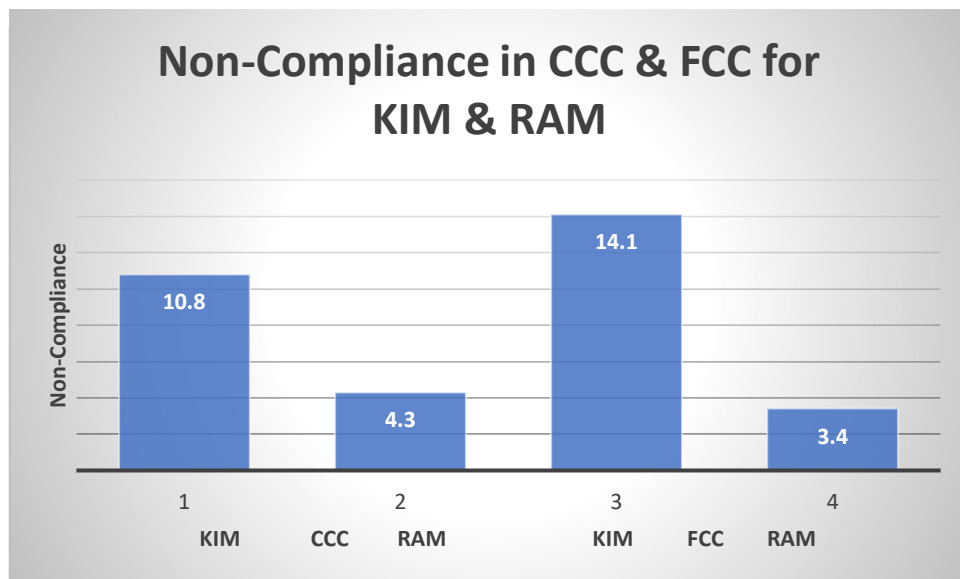

Figure 3 depicts the average differences between key indicator and risk assessment rules for both CCC and FCC facilities as discussed earlier in this report and depicted in Charts 5-8.

Discussion

There are several takeaways from this validation study in demonstrating that both key indicator rules and risk assessment rules, two abbreviated inspection approaches and examples of differential monitoring, as basically reliable and valid methods for assessing regulatory compliance in early care and education programs (child care centres (CCC) and family child care homes (FCC)). There were a couple of rules which did not reach the specific significance threshold (p < .0001) set for these types of validation studies: Rule 442d CCC and rule 362h FCC. But even in these cases the relationship between their presence on the abbreviated inspection tool and the comprehensive inspection tool was still statistically significant (p < .01).

Another interesting trend was that the CCC key indicator rules had higher validation scores and the key indicator rules had higher validation scores than the risk assessment rules. This is a result that needs to be replicated in future studies to determine why this is occurring since risk assessment rules as an approach is used approximately 2-3 times more often than the key indicator rule approach.

And lastly, the fact that there were so few false positives and negatives provides support to the validity and reliability of the two approaches. In doing this type of regulatory compliance research, false negatives are always a real concern and in 99% of the cases it was not an issue. In looking at both false positives and negatives, 96% of the cases were not an issue.

This study provides the first empirically based validation of both the key indicator and risk assessment methodologies as used within a differential monitoring or abbreviated inspection approach. It has clearly demonstrated the efficacy of these approaches when used in conjunction with each other. The study should provide guidance for future research in the regulatory science field.

_____

Richard Fiene, Ph.D., Senior Research Consultant, National Association for Regulatory Administration; Research Psychologist, Research Institute for Key Indicators and Penn State University.

rfiene@naralicensing.org or rjf8@psu.edu

http://www.naralicensing.org/key-indicators or http://rikinstitute.com

CHILD CARE CENTRE – ABBREVIATED CHECKLIST

The Child Care Regulations, 2015

Regulations Part II - Licensing Section

R08. Application for Licence, Renewal – Centre

☐8(1)(a) <u>Health Inspection</u> (collect documentation) - Click or tap to enter a date.
Comments:

☐8(1)(b) <u>Fire Inspection</u> (collect documentation) - Click or tap to enter a date.
Comments:

Regulations Part III - Standards for Facilities Section

R24. Nutrition

☐24(2)(a) Meals and snacks meet nutritional needs*
Comments:

R27. Medication

☐27(1)(a) Authorization is acquired
Comments:

☐27(1)(b) Written record of each dose of medication administered
Comments:

☐27(1)(c) All non-emergency medications are stored in a locked enclosure
Comments:

☐27(2) Oral authorization in exceptional circumstances for administering non-prescription
(with written confirmation of authorization after)
Comments:

R28. Hazardous Items

☐28(a) Unsafe items inaccessible
Comments:

☐28(b) Poisonous substances locked
Comments:

☐28(c) Cover radiator
Comments:

☐28(d) Cap electrical outlets
Comments:

R37. Attendance Records (review records for past 12 months)

☐37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's
attendance*
Comments:

☐37(b)(ii) Obtain signature of the parent monthly to verify the fees charged*
Comments:

Regulations Part IV – Standards for Centres Section

R41. Centre Director and Supervisor
- ☐ 41(2)(b) Meets or exceeds the qualifications of an ECE III or 41(4)*
  Comments:

R42. Child Care Workers
- ☐ 42(2)(b) If working for 65 hours or more per month meets or exceeds qualifications of an ECE I*
  Comments:
- ☐ 42(2)(c) 30% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE II*
  Comments:
- ☐ 42(2)(d) A further 20% of persons employed in the centre as child care workers for 65 hours or more meet or exceed the qualifications of ECE III*
  Comments:

R43. Exemption
- ☐ 43(1) May apply for exemption if unable to hire a director or supervisor whose qualifications meet requirements or child care workers whose qualifications meet the requirements*
  Comments:

R44. First Aid and CPR
- ☐ 44(2)(a)(i) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a first aid course*
  Comments:
- ☐ 44(2)(a)(ii) Each individual employed in the centre for 65 hours or more per month as a centre, director, supervisor or child care worker has completed a course in cardiopulmonary resuscitation*
  Comments:

R45. Criminal Record Searches
- ☐ 45(1) Criminal record check for each centre employee*
  Comments:

R47. Employee Records
- ☐ 47(b) Proof of first aid/CPR training*
  Comments:
- ☐ 47(c) Results of criminal record check (Note to File completed)*
  Comments:

R49. Duty to Supervise
- ☐ 49 Children must be adequately supervised at all times
  Comments:

R52. Supervision at Centre

☐52(3) Number of child care workers present is not less than the number required by applicable staff-to-child ratio set out in (4) and (5)
Comments:

ADDITIONAL REQUIREMENTS

1. _____

2. _____

3. _____

4. _____

5. _____

RECOMMENDATIONS/COMMENTS:

Click or tap here to enter text.
Early Learning and Child Care Consultant

CHILD CARE HOME – ABBREVIATED CHECKLIST

The Child Care Regulations, 2015

Regulations Part II - Licensing Section

R10. Application for Licence, Renewal – Home

☐10(e) <u>Criminal Record Check(s)</u> (name of household members and date CRC completed for all adults in the home):

Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

Comments:

Regulations Part III - Standards for Facilities Section

R21. Hygiene

☐21(a) Equipment and furnishings – sanitary

Comments:

☐21(b) Hygienic procedures are followed

Comments:

R27. Medication

☐27(1)(a) Authorization is acquired

Comments:

☐27(1)(b) Written record of each dose of medication administered

Comments:

☐27(1)(c) All non-emergency medications are stored in a locked enclosure

Comments:

☐27(2) Oral authorization in exceptional circumstances for administering non-prescription (with written confirmation of authorization after)

Comments:

R28. Hazardous Items

☐28(a) Unsafe items inaccessible

Comments:

☐28(b) Poisonous substances locked*

Comments:

☐28(c) Cover radiator

Comments:

☐28(d) Cap electrical outlets

Comments:

R31. First Aid Supplies

☐31 Appropriate and sufficient first aid supplies and inaccessible to children*
Comments:

R32. Portable Emergency Information
☐32 Portable record of emergency information for each child attending*
Comments:

R33. Taking Certain Supplies
☐33(b) Appropriate and sufficient first aid supplies*
Comments:

R36. Children's Records
☐36(2)(b)(ii) Names, addresses and phone numbers of person to contact in an emergency*
(Child's Health Resume & Child's Emergency Information)
Comments:
☐36(2)(b)(iii) Names, addresses and phone numbers of the child's medical practitioner*
(Child's Health Resume & Child's Emergency Information)
Comments:
☐36(2)(d) The child's immunization status (Child's Health Resume & Child's Emergency Information)*
Comments:
☐36(2)(f)(ii) Any authorization by the child's parent for an excursion involving
transportation (Excursion form)*
Comments:
☐36(2)(h) The agreement for services*
Comments:

R37. Attendance Records (review records for past 12 months)
☐37(b)(i) Obtain signature of the parent monthly to verify hours/days of the child's
attendance*
Comments:
☐37(b)(ii) Obtain signature of the parent monthly to verify the fees charged*
Comments:

R38. Insurance
☐38(b) Insurance policy - liability coverage with respect to the transportation of children*
If do not transport children, N/A ☐
Insurer: Click or tap here to enter text.
Policy Number: Click or tap here to enter text.   Expiry date: Click or tap to enter a date.
Comments:

Regulations PART V – Standard for Homes

R61. Qualifications Licensees
☐61(1) First aid (Type expiry date of certificate): Click or tap to enter a date.

Comments:
☐61(2) <u>CPR</u> (Type expiry date of certificate): Click or tap to enter a date.
Comments:

Group Family Child Care Homes

R64. Assistant Records
☐64 A licensee of a GFCCH - maintain records for each assistant that includes:
☐(a) <u>A copy of proof of training in first aid and CPR</u> (Type expiry date of certificate): Click or tap to enter a date.
Comments:
☐(b) <u>The results of a criminal record check</u> (Type date of record check and view Note to File): Click or tap to enter a date.
Comments:
☐(d) Any emergency medical information
Comments:
☐(e) A copy of the <u>proof of participation in continuing education</u> (Types names of workshops, dates completed and hours credited):
Comments:

ADDITIONAL REQUIREMENTS

1. _____

2. _____

3. _____

4. _____

5. _____

RECOMMENDATIONS/COMMENTS:

Click or tap here to enter text.
Early Learning and Child Care Consultant

1 **Saskatchewan's Early Learning and Child Care Program Quality Key Indicator Instrument for**
2 **Pilot Study**

3

4

5 Ten Quality Key Indicators (QKI) make up the Saskatchewan's Early Learning and Child Care Program

6 Quality Key Indicator Instrument. The details about each of the Quality Indicators and data collection

7 instructions in order to obtain the necessary data to determine if a program meets the Key Quality

8 Indicators are delineated below for each quality key indicator. Quality Key Indicators (QKI) 1 – 5 will be

9 collected via record or document review, interviewing individuals, or observation. Quality Key Indicators

10 (QKI) 6 – 10 will be collected via observations in the classrooms throughout the day.

11 This instrument is to be used as part of a pilot study to determine its efficacy, so it is very important for

12 the data collector/assessor, you, to make ample notes on what works for you and what does not. This is

13 NOT a final instrument but is a pilot tool to be improved upon. Ample areas have been provided for

14 note taking. Please mark up the instrument as need be throughout your data collection. For ease of

15 marking up the tool, there are line numbers to the left. Use these as reference guides in making your

16 edits, comments, etc. & if you send an email with comments, use these line numbers.

17 Dr Rick Fiene who is the NARA Research Consultant and a research psychology/professor of psychology

18 will be tabulating the data you collect. Dr Fiene will be assessing the reliability and validity of the tool

19 and measure its internal consistency. If you have any questions or comments for Dr Fiene, please email

20 him at Fiene@psu.edu.

21 [Initial estimated time to complete the full assessment (3.5 hours]

22 NOTE: *QKI 11 is a placeholder for Coaching/Reflective Supervision which is undergoing future review. It*

23 *is listed as a last indicator on this instrument.*

24 **INDICATOR 1):** N**umber of ECE III Educators (10 minutes)**

25 Assessors will review staff records in order to determine the number of staff who have these credentials

26 in early childhood education.   Record the number of ECEs with the appropriate qualifications and

27 divide by the total number of ECEs in order to come up with a percent for the center.

28 **How to Measure:**

29 Go to the *Staff Information Summary* form to obtain the data for this item. There are two particular

30 columns that will do this. Under Certification: *Certification Date and Certification Level* (Highest ECE

31 Level Certified). The certification date should be earlier than the date of the review and the actual level

32 of the certification. In this case, we are interested in the number of (ECEIII's). Record the number of

33 ECEIII working at least 65 hours/month. Then record the number of total teaching staff working at least

34 65 hours/month below as well. Teaching staff is defined as staff who have a responsibility for working

35 with the children and the programming. Determine the percentage by dividing the total number of staff

36 into the total number of ECEIII Certified teaching staff, ECEIII Certified teaching staff is the numerator

37 and the total number of teaching staff is the denominator (ECEIII/Total number of teaching staff x 100%

38 = Percent).

39 **Scoring:**

40 The total number of ECEIII Certified teaching staff _____

41 The total number of teaching staff _____

42 Total ECEIII teaching staff divided by the total number of teaching staff _____ (%). Then

43 based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

44

45 **INDICATOR 2): Stimulating and Dynamic Environment (10 minutes)**

46 The criteria for measuring this are drawn from ***Play and Exploration Guide.*** The program is child

47 centred. Children are viewed as competent learners and they have the freedom to access classroom

48 materials independently without adult intervention. The children are provided with meaningful choices

49 through activity/learning centers. There is evidence of the children's interests and their projects in the

50 learning environment.

51 **How to Measure:**

52 Below is the checklist of items that should be present in order to assess if the environment is both

53 stimulating and dynamic for the children. You will want to observe that the following items are

54 occurring in the classroom first. If you do not actually observe it occurring, then check the program plan

55 to find documentation that it normally occurs but you just did not observe today. The checklist items

56 would be found in *Play and Exploration* foundational materials.

57 Quality Early Learning Environments:

58   1. Co-teaching is evident. Y/N _____

59   2. Children are viewed as competent learners & are able to access materials independently.

60   Y/N _____

61   3.   Authentic and meaningful materials are used with children. Y/N _____

62   4. Children are provided with meaningful choices. Y/N _____

63   5. Children's work, art and photos are displayed respectfully. Y/N _____

64   6. Family photos are displayed in the early learning program. Y/N _____

65   7. Documentation of learning is displayed and discusses holistic development. Y/N _____

66   8. Environment reflects the culture and beliefs of the children, families and staff. Y/N _____

67   9.   Variety of books & other print materials are available throughout the learning environment Y/N

68   10. A variety of writing materials are accessible to children the majority of the time. Y/N _____

69   11. There is evidence of the children's interests and project(s) in the learning environment.

70   Y/N _____

71 **Scoring:**

72 Total up the number of items where you recorded a "Y" above that you observed (curriculum or in

73 classrooms), divide by 11 x 100% to come up with a percent and record here _____ %. Then

74 based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

75

76

77 **INDICATOR 3): Developmentally Appropriate Curriculum Based on Assessments of Each Child**

78 **(50-60 minutes)**

79 The key for this quality key indicator is that the program is following an individualized prescribed

80 planning document when it comes to curriculum. It does not mean it is a canned program, in fact, it

81 shouldn't if it is based upon the individual needs of each child's developmental assessment. The

82 assessor will ask to see what is used to guide the curriculum. There should be a written document that

83 clearly delineates the parameters of the philosophy, activities, guidance, and resources needed for the

84 particular curricular approach. There should also be a developmental assessment which is clearly tied to

85 the curriculum. The developmental assessment can be home-grown or a more standardized off-the-

86 shelf type of assessment, the key being its ability to inform the various aspects of the curriculum. The

87 purpose of the assessments is not to compare children but rather to compare the developmental

88 progress of individual children as they experience the activities of the curriculum.

89 The following key elements should be present when assessing this quality indicator.

90 • 1) The program practices emergent curriculum, allowing the interests of the children to

91 determine the learning content. The curriculum is informed by individual developmental

92 assessments of each child in the respective classrooms.

93 • 2) The children and educators are co-learners in the exploration of projects.

94 • 3) Learning activities of the children are documented, displayed in the learning environment

95 and used to plan further learning activities. This can be assessed developmentally.

96 **How to Measure:**

97 Take a sample of 10 individual children's records and consider the above three elements for EACH

98 record. You should be asking if there is a clear link between an assessment and the developmentally

99 appropriate curriculum so that an individualized learning approach is being undertaken and each child's

100 developmental needs are taken into consideration. These records could be formal such as portfolios

101 kept for each child or a more informal, anecdotal type of record keeping. The key is that there is a

102 record that can be looked at. It is not adequate if the teacher says they do it from memory – it needs to

103 be written down and documented.

104 Cross check the child's record to the actual curriculum. Record all the instances (Y's) in which this

105 occurs. All three blocks need to be checked for each record (1-10).

106 **Emergent Curriculum is Practiced**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

107 **Key Element 1 +**

108

109 **Children and Educators are Co-learners**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

110 **Key Element 2 +**

111 **Learning Activities are Documented and Displayed and Used to Plan Future Learning**

1 Y/N	2 Y/N	3 Y/N	4 Y/N	5 Y/N	6 Y/N	7 Y/N	8 Y/N	9 Y/N	10 Y/N

112 **Key Element 3 +**

113 **Add the above three Key Elements**

114 All three key elements must have a Y to get an overall score of Y. If all three key elements have a Y for

115 that individual record, then record Y in the corresponding block in the overall score.

1 Ys =	2 Ys =	3 Ys =	4 Ys =	5 Ys =	6 Ys =	7 Ys =	8 Ys =	9 Ys =	10 Ys =

116 **= Total of All Three Key Elements**

117 **Scoring:**

118 The number of positive records (all Ys for all three elements) where there is a crosswalk from

119 developmental assessment to curriculum _____

120 Percent of positive records (all Ys) (divide the number of positive records by 10 x 100%) _____ %.

121 Then based on the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

122

123

124

125 **INDICATOR 4): Opportunities for Staff and Families to Get to Know Each Other (10 minutes)**

126 There should be activities both within the center as well as off site where staff and parents have

127 opportunities to meet and greet each other.   Communication with family members is documented and

128 enables early childhood providers to assess the need for follow-up.   Early childhood providers hold

129 regular office hours when they are available to talk with family members either in person or by phone.

130 Family members are encouraged to lead the conversation and to raise any questions or concerns.

131 **How to Measure:**

132 Look for the following 3 examples in policies developed by the program and determine if they have been

133 actually carried out with families. It will be necessary to interview staff to complete this indicator if you

134 do not find the three examples in policies:

135   1. The program provides communication, education, and informational materials and

136   opportunities for families that are delivered in a way that meets their diverse needs.   Y/N_____

137   2. The program communicates with families using different modes of communication, and at least

138   one mode promotes two-way communication. Y/N _____

139   3. The program demonstrates respect and engages in ongoing two-way communication. The

140   program respects each family's strengths, choices, and goals for their children. Y/N ___

141 **Scoring:**

142 Record the number of Yes's (Y's): _____ (Range: 0 – 3)(Divide by 3 x 100% = _____%). Then based on

143 the percentage, you can find the score of 1-4 as per the chart below.

Circle the Appropriate Level	*1 = 0 to 25%*	*2= 26 to 50%*	*3 = 51 to 75%*	*4 = 76 to 100%*

144

145

146 **INDICATOR 5): Families Receive Information on Their Child's Progress Regularly Using a**

147 **Formal Mechanism (Report or Parent Conference) (10 minutes)**

148 Based upon Indicator #3 above, the information gleaned from the developmental assessments should

149 be the focus of the report or parent conference. Parental feedback about the assessment and how it

150 compares to their experiences at home would be an excellent comparison point. All these interactions

151 should be done in a culturally and linguistically appropriate way representing the parents being served.

152 **How to Measure:**

153 Look for the following four examples in policies developed by the program and determine if they have

154 actually been carried out with families. Record the number of reports completed or parent conferences

155 over the past year. It will be necessary to interview staff to complete this indicator if you cannot

156 determine from records that the conferences or reports were actually completed.

157 NOTE: The examples are mutually exclusive and are not additive; the first example is the highest scored,

158 the third example the least scored. After 1-3 are determined, then do the last example.

159 • 1) The program does have regularly scheduled (at least 2xs/year) parent conferences in which

160 the children's developmental progress is discussed AND provides the family with a report of

161 their child's developmental progress. Y/N _____ (Score 3 points). If "Yes" then go to Number 4.

162 If "No", then go to numbers 2 and 3.

163 • 2) The program has regularly scheduled (at least 2xs/year) parent conferences in which the

164 children's developmental progress is discussed, but it does not provide a report to the parents

165 on their child's developmental progress. Y/N _____ (Score 2 points).

166   • 3) If the program does not have regularly scheduled (at least 2xs/year) parent conferences does

167   it provide the family with a report of their child's developmental progress. Y/N _____ (Score 1

168   point). Go to Number 4.

169   • 4) All these interactions are done in a culturally and linguistically appropriate way representing

170   the parents being served. Y/N _____ (Score 1 point)

171   **Scoring:**

172   Add up the total points based on the Ys, this will range from "0" to "4". The only way a program can

173   receive a "4", is if a program has regularly scheduled parent conferences at least 2xs/year and provides

174   the family with a report of their child's progress; and it is done in a culturally and linguistically

175   appropriate way.

176   Record the number of points: _____ (Range: 0 - 4)

177

178 **OBSERVATIONS:**

179 *For quality key indicators 6, 7 and 8, it is recommended that the licensing consultant refer to the*

180 *appropriate Environmental Rating Scale (ERS) tool as a reference tool because these indicators are taken*

181 *directly from these tools. It is also recommended that these be assessed/observed throughout the day*

182 *and not just during key activity times. Please follow the specific instructions and examples as delineated*

183 *below and in the appropriate ERS tool: ECERS 3 (Items 12 and 13) or ITERS (Item 12). These specific*

184 *instructions and examples are provided within this tool for ease of administration and data collection. If*

185 *there are several preschool aged classrooms randomly select one to do your observations.*

186

187 **INDICATOR 6): Educators Encourage Children to Communicate (20 minutes)**

188 Assessors will need to observe this item when they do their classroom observations. Initially you can ask

189 educators or the director how children are encouraged to communicate but in order to gather reliable

190 and valid information regarding this question/standard, it needs to be observed in the various

191 interactions of staff and children. Things to look for would be more back and forth conversations rather

192 than one-way conversations where educators are telling children what to do. Look for opportunities

193 where children can describe what they are doing, how they feel about what they are doing, and why

194 they are doing the particular activities. Educators expand upon children's conversations. These

195 opportunities can occur anywhere in the classroom or outside, such as in dramatic play, table top

196 activities or on the playground. Materials should be present that encourage communication such as toy

197 telephones, puppets, flannel boards, dolls and dramatic play props, small barns, fire stations, or

198 dollhouses. These create a lot of conversation among children as they assume many different roles.

199 Children also talk when there is an interested person who listens to them. The staff in a high-quality

200 early childhood classroom will use both activities and materials to encourage growth in communication

201 skills.

202 **How to Measure:**

203 Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

204 falls based on the following scale;

205 Score the classroom a 1 if the following occur:

206 • No activities used by staff with children to encourage them to communicate, for example:

207 nontalking about drawings, dictating stories, sharing ideas at circle time, finger plays, singing

208 songs. Y/N _____

209 • Very few materials accessible that encourage children to communicate. Y/N _____

210 Score the classroom a 2 if the following occur (If the classroom does not have all 3 indicators but has 1-2

211 of the indicators then score this item 1+):

212 • Some activities used by staff with children to encourage them to communicate. Y/N _____

213 • Some materials accessible to encourage children to communicate. Y/N _____

214 • Communication activities are generally appropriate for the children in the group. Y/N _____

215 Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has

216 one of the indicators then score this item 2+):

217 • Communication activities take place during both free play and group times, for example: child

218 dictates story about painting; small group discusses trip to store. Y/N _____

219 • Materials that encourage children to communicate are accessible in a variety of interest centers,

220 for example: small figures and animals in block area; puppets and flannel board pieces in book

221 area; toys for dramatic play outdoors or indoors. Y/N _____

222 Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has

223 one of the indicators then score this item 3+):

224 • Staff balance listening and talking appropriately for age and abilities of children during

225 communication activities, for example: leave time for children to respond; verbalize for child

226 with limited communication skills. Y/N _____

227 • Staff link children's spoken communication with written language, for example: write down

228 what children dictate and read it back to them; help them write note to parents. Y/N _____

229 **Scoring:**

230 *Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a*

231 *particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit*

232 *given in order to obtain a "+". If there is a "+" please also mark it in the box.*

Circle the Appropriate Level	1	2	3	4

233

234

235 **INDICATOR 7): Infant Toddler Observation** (if applicable) **(20 minutes)**

236 *NOTE: If there is an infant, toddler or combined infant/toddler classroom that needs to be assessed, then*

237 *use the following ITERS item directly from the ITERS Tool (Item 12), if there is not an infant toddler*

238 *classroom, then skip to Indicator 8.*

239

240 Conversations and questions should be used with all children, even young infants. Conversations using

241 verbal and nonverbal turn-taking should be considered when scoring. Most conversations and

242 questions initiated by infants will be nonverbal, such as widening of baby's eyes or waving arms and

243 legs. Observe staff response to such nonverbal communication. For infants and toddlers, the

244 responsibility for starting most conversations and asking questions belongs to the staff. As children

245 become more able to initiate communication, staff should modify their approach in order to allow

246 children to take on a greater role in initiating conversations and asking questions. Staff should provide

247 answers to questions used with children if child cannot answer, and as children become more able to

248 respond, questions should start to include those that the child can answer. If there was not an infant

249 classroom, skip this Indicator and please note that here and on the summary score sheet by marking

250 N/A: _____

251 **How to Measure:**

252 Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

253 falls based on the following scale;

254 Score the classroom a 1 if the following occurs:

255 • Staff never initiate turn-taking conversations with children, for example: rarely encourage baby

256 to babble back; simple back and forth exchanges with verbal children never observed.

257 Y/N _____

258 • Staff questions are often not appropriate for children or no questions are asked, for example:

259 too difficult to answer; carry a negative message. Y/N _____

260 • Staff respond negatively when children can't answer questions, for example: "You should know

261 this"; "You did not listen". Y/N _____

262 Score the classroom a 2 if the following occurs (If the classroom does not have all 3 indicators but has 1-

263 2 of the indicators then score this item 1+):

264 • Staff sometimes initiate conversations with children, for example: babble back and forth with

265 baby; copy baby's sounds; respond to baby's crying with verbal response; have short back and

266 forth toddler interactions. Y/N _____

267   • Staff sometimes ask children appropriate questions and wait for child to respond, for example:

268   ask baby if she likes toy and pay attention as baby smiles; ask toddler what he is eating and wait

269   for him to think of word. Y/N _____

270   • Staff respond neutrally or positively to children who can't answer questions. Questions asked

271   are sometimes meaningful to children, for example: child responds with interest; does not

272   ignore staff questions. Y/N _____

273 Score the classroom a 3 if the following occurs (If the classroom does not have all 4 indicators but has 1-

274 3 of the indicators then score this item 2+):

275   • Staff initiate engaging conversations with children throughout the observation, for example:

276   show enthusiasm; use tone that attracts child's attention. Y/N _____

277   • Staff often personalize questions and/or conversations for individual children, for example: talk

278   about children's families, preferences, interests; what they are playing with; what they did over

279   weekend; child's mood; use child's name. Y/N _____

280   • Staff often pay attention to children's questions, verbal or nonverbal, and answer in a satisfying

281   manner for the child. Y/N _____

282   • Staff ask questions in which children show interest in answering, for example: make the

283   questions funny or mysterious; use attractive tone; meaningful and not too difficult to answer.

284   Y/N _____

285 Score the classroom a 4 if the following occurs (If the classroom does not have both indicators but has

286 one of the indicators then score this item 3+):

287   • Staff frequently have turn taking conversations with children throughout the observations.

288   Many appropriate questions are used throughout the observation, during both play and

289   routines. Y/N _____

290 • Staff ask children appropriate questions, wait a reasonable time for child response, and then

291 answer if needed, for example: "Are you hungry? . . . Yes, you are!"; "Where's the ball? . . .

292 These it is! You found the ball". Y/N _____

293 **Scoring:**

294 *Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a*

295 *particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit*

296 *given in order to obtain a "+".*

Circle the Appropriate Level	*1*	*2*	*3*	*4*

297

298

299 **INDICATOR 8): Educators Use Language to Develop Reasoning Skills (20 minutes)**

300 Assessors will need to observe very carefully as this standard can be difficult to determine because it is

301 tying language and cognition together. Again, this opportunity can occur in any setting in or out of the

302 classroom because it is the basis for problem solving through the use of language. Also look for

303 educators redirecting children's conversations when appropriate. Staff should use language to talk

304 about logical relationships using materials that stimulate reasoning. Through the use of materials, staff

305 can demonstrate concepts such as same/different, classifying, sequencing, one-to-one correspondence,

306 spatial relationships, and cause and effect.

307 **How to Measure:**

308 Observe the classroom for a minimum of 15 minutes. Once completed, consider where the classroom

309 falls based on the following scale;

310 Score the classroom a 1 if the following occur:

311 • Staff do not talk with children about logical relationships, for example: ignore children's

312   questions and curiosity about why things happen, do not call attention to sequence of daily

313   events, differences and similarity in number, size, shape, cause and effect. Y/N _____

314 • Concepts are introduced inappropriately, for example: concepts too difficult for age and abilities

315   of children, inappropriate teaching methods used such as worksheets without any concrete

316   experiences; teacher gives answers without helping children to figure things out. Y/N _____

317 Score the classroom a 2 if the following occur (If the classroom does not have both indicators but has

318 one of the indicators then score this item 1+):

319 • Staff sometimes talk about logical relationships or concepts, for example: explain that outside

320   time comes after snacks, points out differences in sizes of blocks children use. Y/N _____

321 • Some concepts are introduced appropriately for ages and abilities of children in group, using

322   words and experiences, for example: guide children with questions and words to sort big and

323   little blocks or to figure out why ice melts. Y/N _____

324 Score the classroom a 3 if the following occur (If the classroom does not have both indicators but has

325 one of the indicators then score this item 2+):

326 • Staff talk about logical relationships while children play with materials that stimulate reasoning,

327   for example: sequence cards, same/different games, size and shape toys, sorting games,

328   numbers and math games. Y/N _____

329 • Children are encouraged to talk through or explain their reasoning when solving problems, for

330   example: why they sorted objects into different groups, in what way two pictures are the same

331   or different. Y/N _____

332 Score the classroom a 4 if the following occur (If the classroom does not have both indicators but has

333 one of the indicators then score this item 3+):

334 • Staff encourage children to reason throughout the day, using actual events and experiences as a

335 basis for concept development, for example: children learn sequence by talking about their

336 experiences in the daily routine or recalling the sequence of a cooking project. Y/N _____

337 • Concepts are introduced based upon children's interests or needs to solve problems, for

338 example: talk children through balancing a tall block building, help children figure out how many

339 spoons are needed to set a table. Y/N _____

340 **Scoring:**

341 *Total up the number of "Y's" and record the appropriate level. In order for a classroom to receive a*

342 *particular score, all "Y's" must be checked for the appropriate level (1 - 4) from above or partial credit*

343 *given in order to obtain a "+".*

Circle the Appropriate Level	1	2	3	4

344

345 *For quality key indicators 9 and 10 it is recommended that these be assessed/observed throughout the*

346 *day and not just during key activity times. These two quality key indicators should be observed in two-*

347 *minute blocks over ten sequences for a total of 20 minutes. These two items should also be used with*

348 *each age group you are assessing.*

349 *Initially it will be necessary to observe these two quality indicators separately but could be observed and*

350 *recorded jointly once you are familiar with the tool and have done sufficient observations.*

351

352 **INDICATOR 9): Educators Listen Attentively When Children Speak (25 minutes)**

353 This quality indicator focuses on the early childhood educator(s) looking directly at the children with

354 nods, rephrases their comments, engages in conversations. Children should have the undivided

355 attention of the specific educator they are addressing. Educators should not be looking away or pre-

356   occupied with others. They should be at the child's level making eye contact. The intent is to observe all

357   children and educators in the room.

358   **How to Measure:**

359   Do this in timed 2-minute observations recording each time you observe this occurring. Record at least

360   10 different observation periods. These do not need to be consecutive in order to fully observe

361   classrooms and educators. Please use the following scale to assess your recordings: Likert Scale (1-4)

362   where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many Instances; 4 = Very

363   Much/Consistently):

364   Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record

365   in each cell below.

366   **Scoring:**

367   Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total

368   number here: _____ (Range: 10 - 40)(Divide this result by 10) = _____ (1-

369   4)(Round upward or downward to the whole number (3.7 = 4; 2.2 = 2)).

Circle the Appropriate Level	1	2	3	4

370

371

372   **INDICATOR 10): Educators Speak Warmly to Children (25 minutes)**

373   This quality indicator focuses on the early childhood educator(s) always engaging in a caring voice and

374   body language with every child. Educators do not use harsh language or commands in speaking to

375   children, but rather again are on the child's level making eye contact. Think of the way Fred Rogers

376 would engage his audience where you always felt you were the most important person in the world

377 when he talked into the TV.

378 **How to Measure:**

379 Do this in timed 2-minute observations recording each time you observe this occurring. Record at least

380 10 different observation periods. Please use the following scale to make your recordings: (This item is on

381 a Likert Scale (1-4) where 1 = Never/Not at All; 2 = Somewhat/Few Instances; 3 = Quite a Bit/Many

382 Instances; 4 = Very Much/Consistently):

383 Make the actual recordings using the Likert Scale (1-4) above for each individual observation and record

384 in each cell below.

385 **Scoring:**

386 Once all the observations are made, add up the results from the Likert Scale (1-4) and record the total

387 number here: _____ (Range: 10 - 40)(Divide this result by 10) = _____ (1-4). (Round

388 upward or downward to the whole number (3.7 = 4; 2.2 = 2)).

Circle the Appropriate Level	*1*	*2*	*3*	*4*

389

390

391 *INDICATOR 11): Reflective Supervision Placeholder TBD.*

392

393

394 **<u>Notes (record any notations for indicators here by noting the number of the quality indicator and any</u>**

395 **<u>notes or comments):</u>**

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415

416   After completing your observations, reviewing all documentation, and interviewing staff when

417   necessary, please transfer all your results to the Summary Table below. If there was not an infant

418   classroom, please note here, NO infant classrooms: _____

419

420

Key Q Indicator	Quality Indicator Content	Scale	Potential Score	Actual Score
QKI 1	Professional Development	NAEYC	1-4	
QKI 2	The Environment	Saskatchewan	1-4	
QKI 3	Curriculum and Assessment	NAEYC	1-4	
QKI 4	Family Engagement I	QRIS	1-4	
QKI 5	Family Engagement II	QRIS	1-4	
QKI 6	Communication	ECERS	1-4	
QKI 7	Infant Classroom	ITERS	1-4 or NA	
QKI 8	Reasoning Skills	ECERS	1-4	
QKI 9	Listen Attentively	CIS	1-4	
QKI 10	Speak Warmly	CIS	1-4	

421

422   **Notes:**

423

424   _____

425   _____

426   _____

427   _____

428   _____

429

430   **All these 10 quality indicators (SKPQI) have been taken from other sources having been identified in Quality**

431   **Indicator Studies from 1980 – 2020. Please refer back to the source documents for details on their creation:**

432   *ECERS, ITERS, QRIS/INQUIRE, CIS/Arnett, NAEYC, SASKATCHEWAN PLAY & EXPLORATION.*

433

434

435

436

437   **Members of the Saskatchewan Program Quality Work Group are the following:**

438   **Kim Taylor, Derek Pardy, Cindy Jeanes, Tanya Mengel, Samantha Ecarnot, Karen Heinrichs, Michelle**

439   **Vellenoweth, Kristin Jarvis, and Rick Fiene.**

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443   **Additional Information: Derek Pardy, Government of Saskatchewan, Early Years, Ministry of Education, 2-2220**

444   **College Ave, Regina, SK, Canada S4P 4V9.**

445   **Additional Information regarding the psychometrics of the tool: Richard Fiene, Ph.D., Research Psychologist,**

446   **Research Institute for Key Indicators & Penn State University. Fiene@psu.edu**

447

448   **4/1/2021**

449   **SKPQI7**

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